



**PULLMAN
REGIONAL
HOSPITAL**

CENTERED ON EXCELLENCE

**2017 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.

2017 — Centered on Excellence

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



	Page
Organizational Responsibility	6-20
Strategic Framework and Strategic Planning Process	6
Strategic Projects	7-8
Governing Board Committee Activities	9
Pullman Regional Hospital Foundation	10
Hospital Awards and Happenings	11
Regulatory Compliance	12-19
Corporate Compliance	12
Healthcare Insurance Portability and Accountability Act	12
DNV Accreditation	13
Safety & Physical Environment	14-19
Medical Staff Activities	20-21
Organizational Ethics	22
Care Coordination	22-23
Interagency Care Transitions	22
Mental Health and Substance Use Interagency Team	23
Quality of Life Team	23

	Page
Superior Clinical Outcomes	24-27
Patient Safety	24
2017 Patient Safety Priorities	24
Patient Safety Week	25
Medication Safety	26
Culture of Safety	27
Additional Patient Safety Initiatives	28-30
Elective Deliveries	28
Nulliparous Term Singleton Vertex C-Section Rate	28
Time-out Effectiveness in Operating Room	29
30-Day Readmissions	30
Infection Prevention	31-34
Employee Health Review	31
Infection Prevention Risk Assessment	32
Hospital Acquired Infections Rate	33
Surgical Site Infections Rate	34
Customer Loyalty and Satisfaction	35-44
Patient Satisfaction Assessment	35-40
Community Engagement	41-44
Community Outreach & Education	41-42
Volunteer Program Overview	43
GenerosityInspires	43
Community Engagement Dashboard	44
Employee Engagement	45-54
Wellness for Life	45
Employee Recruitment and Retention	46
Employee Engagement Survey	47-48
Staff Certifications	49
Pathways to Excellence	50-51
Staff and Physician Recognition	52
Leadership Development	53-54
HealthStream Electronic Learning System	54

	Page
Financial Effectiveness	55-60
A Year in Review — 2017	55
Financial Performance Summary	56-60
Innovation: Partnerships and Collaboration	61-68
Partnerships for Patients	61
LCSC Clinical Faculty Agreement	62
Clinical Informatics	63
Information Technology	64
Care Coordination and Delivery Systems	65-68
Advanced Care Planning	65
Circles of Caring	65
Critical Incident Stress Management	65
Financial Counselors	65
Health Homes	65
Utilization Review	66
Integrated Care	66
Internship Opportunities	66
Accountable Care Organization (ACO)	66
Center for Learning and Innovation	67
Whitman County Health Network	68
Northwest Rural Health Network	68
Orthopaedic Excellence	69-73
Orthopaedic Care Coordinators	72
Regional High School Athletic Training Program	73
Pediatric Excellence	74

Strategic Planning Process

Strategic Framework at Pullman Regional Hospital

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

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

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

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

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

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

Strategic Planning

The Strategic Project Development process was used to support our commitment to our vision, values, and mission, including Community Health 2020. Throughout the year we gained experience and identified additional opportunities that have carried us into 2018.

Strategic Projects for 2017		
Project	Project Lead	Focus Area
Hospital-wide procurement system	John O'Bryan	Efficiency and Financial Performance
Standardize Red Sage Recipes	Garrett Quarve and Carrie Coen	Customer Loyalty and Employee Engagement
Reduce scheduling backlog	Darin Porter and Jennifer Matera	Innovation - Customer Loyalty
Develop a structure for additional input re: patient experience, community engagement, employee experience	Jeannie Eylar	Employee Engagement and Customer Loyalty
Pharmacists as providers of patient care	Andrea Howell	Efficiency and Financial Performance
Creating a new pharmacy space	Andrea Howell	Superior Clinical Outcomes
Align departmental QI reporting	Jeannie Eylar/Scott Adams	Superior Clinical Outcomes/ Financial Effectiveness
Align discharge process	Karla McGee	Financial Effectiveness/ Customer Loyalty
Imaging studies scheduling	Karla McGee	Efficiency and Financial Performance
Same Day Services Expansion	Jeannie Eylar and Dana Srikanth	Superior Clinical Outcomes
Triple Aim - Cost Management	Steve Febus	Financial Effectiveness and Efficiency
Recruit pulmonologist and perform sleep study interpretations in-house	Steve Dunning and Dr. Early	Superior Clinical Outcomes/ Financial Performance
Electronic Medical Staff Review	Patty Snyder and Dr. Early	Superior Clinical Outcomes
Review of Charge Master	Janine Maines	Efficiency and Financial Performance
Promoting Wellness through annual lab benefits	Krystal Rodgers	Superior Clinical Outcomes
Enhancing the overall food service experience for patients	Marilyn Burch	continuing
ANCC Pathways to Excellence Recognition	Chad Miller, Verna Yockey, and Corrine Phillips	continuing

Strategic Projects 2017 Continued		
Master plan for story telling	Rueben Mayes and Megan Guido	continuing
Patient centered collections - Phase II	Mary Taggart	continuing
Develop & implement a comprehensive leadership learning initiative that will provide resources and support for individual and collective learning in the areas of leadership, patient-focused excellence, staff enrichment, innovation/creativity, partnerships and teamwork, communication, and ongoing process improvement and management.	Bernadette Berney	continuing
The hospital needs the ability to base decisions and investments from data driven information.	Steve Febus	continuing
Orthopedic and Pediatric Centers of Excellence	Scott Adams	continuing
Women's Leadership Guild	Rueben Mayes	continuing
Surgery Expansion and remodel project	Jeannie Eylar and Ed Harrich	complete
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	continuing
Develop regional Palliative Care service	Katie Everman-Druffel and Rod Story	continuing
Implement Meditech Transfusion Administration Record (TAR)	Cathy Murphy	continuing * discontinued with pursuit of new EMR
Integrated electronic risk management and peer review process	Patty Snyder	continuing

Governing Board Committee Activities

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

Quality Improvement Committee (QIC):

The QIC provided oversight for performance assessment and improvement activities. It monitored the Clinical Indicators Dashboard, Risk Management Report, Patient Satisfaction Dashboard, Environment of Care Report and the Community Engagement Dashboard on a regular basis. In 2017, the committee provided oversight to an ongoing look at the organization's Quality Management System. Areas of focus continued to be patient safety with an emphasis on patient restraints, readmissions, medication safety and infection prevention.

Strategic Planning Committee:

Strategic Planning Activities in 2017 addressed strategic projects and the support for inclusion in the 2018 Strategic Management Plan. The Committee also completed the incorporation of Pullman Family Medicine practice as part of the Pullman Regional Hospital Clinic Network, welcomed the addition of a new specialty for the community with Dr. David Jones providing cardiology services as part of the Pullman Regional Hospital Clinic Network, reviewed and began discussions about needs for expansion plans to continue to respond to the challenges being presented by changes in the healthcare system, and worked through early activities related to the establishment of a family medicine residency program at Pullman Regional Hospital.

Governance Committee:

The committee established an education calendar for Board members, reviewed and updated bylaws, received quarterly reports on HIPAA and compliance activities, conducted the annual CEO evaluation and the annual self-assessment of the Board, reviewed and revised Board policies, and reviewed executive employment contracts.

Finance Committee:

In 2017, Pullman Regional Hospital's Finance Committee continued to provide leadership in the financial administration of the hospital. Attention by the committee was given to the financial effectiveness and audit oversight for the district, providing an overall practice assessment for Pullman Regional Hospital Clinic Network (PRHCN) LLC, integration of Pullman Family Medicine into the PRHCN while establishing the Palouse Heart Center, developed pathways for several major construction remodels/renovations, improvement in the revenue cycle in contracting efforts with a couple third party payers, and guiding the development of the 2018 Strategic Management Plan and Budget.

Pullman Regional Hospital Foundation**2017—A Year in Review**

The foundation raised approximately \$1,800,000 in 2017 with operational costs of \$713,000 which resulted in a \$2.52 ROI or \$.39 ratio. Some key accomplishments included raising \$562,000 at the Gala and \$89,825.30 for the golf tournament. The \$750,000 fundraising goal for the Same Day Services Building was achieved. The foundation transferred \$1.3 million in direct philanthropy, an all-time high for the hospital.

Angie Feuerstein, President, Women's Leadership Guild added 12 new members and increased social and networking experiences for members. Due to membership retention and acquisition, seven women and children agencies received \$14,000 in grant funding. The Regional High School Athletic Training Program kicked off in August. Over \$80,000 in sponsorships and gifts was raised in 2017 for the three year pilot. One of the highlights was an autograph session hosted by Zeppoz. Zeppoz was also a presenting sponsor.



The Center for Learning and Innovation completed its strategic plan and is well positioned to secure federal and local grants in 2018. Over 16 grants were applied for related to care coordination, new equipment and the Regional High School Athletic Training program. Coverys Foundation funded syringe infusion pumps and an employee on-line training module. Over \$37,150 was raised for innovation through donor contributions which included gifts from the annual Health Innovation event.

Due to the good record keeping, internal control systems and sound financial processes the foundation auditor had "No Opinion" upon completion of foundation audit. The Blackbaud eTapestry platform was replaced by a more robust Raiser's Edge NXT relational database. The new database will enable the foundation to better manage data and utilize analytics and research tools to increase donor acquisition and major gifts. At the time of this writing the foundation is incorporating Luminate and HJC to increase digital fundraising. The first year of the stewardship strategy was completed which included a "Celebration in the Gardens" event and a new Stewardship Committee that participated in related activities.

Foundation board members provided good governance and were active in nine sub committees comprising over 30 volunteers total. Schweitzer Engineering Labs and Washington State University became corporate foundation board members in 2017.

The staff continues to perform at a high level. Results from the hospital employee engagement survey revealed that key drivers for retention and a quality work environment were positive. The foundation will continue to develop a new set of guiding principles going forward. Collaboration with PRH marketing and communications department led to integrated marketing strategies and plans. The Highest Needs Committee once again provided the necessary leadership to roll out a successful highest needs campaign.

Hospital Awards and Happenings

Women's Choice Award

We were recognized as one of America's 100 Best Hospitals with two different Women's Choice Awards – one for overall patient experience and another for obstetrical care. Women's Choice is a national award, based on the recommendations and preferences of women as measured by HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) data. This makes the fourth time we have received both awards.



DNV Hospital Accreditation

DNV conducted our fourth annual accreditation survey in August 2017, resulting in full re-accreditation for an additional 3 years for Pullman Regional Hospital, which was finalized in November. We also met compliance with the ISO 9001:2015 standards for healthcare quality management. The focus of the quality management principles that we are working on include: customer focus; leadership; engagement of people; process approach; improvement; evidence-based decision making; and relationship management. The adoption of a quality management system helps organizations improve its overall performance and provide a sound basis for sustainable development initiatives.



BICOE—Breast Imaging Center of Excellence

Imaging Services at Pullman Regional Hospital has been designated a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology. BICOE is the gold standard of quality in breast imaging centers. BICOE designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast-imaging accreditation programs and modules. These are Mammography, Stereotactic Breast Biopsy, and Breast Ultrasound (including ultrasound-guided breast biopsy.)



CAP Accreditation

The College of American Pathologists (CAP) awarded accreditation to our Laboratory based on results of an onsite inspection. The CAP accreditation process is designed to ensure the highest standard of care for all laboratory patients. Pullman Regional Hospital is one of more than 8,000 CAP-accredited facilities worldwide.



Corporate Compliance

Pullman Regional Hospital, as a publicly owned non-profit entity, is committed to ethical corporate conduct while we serve the people of Whitman County. The last year brought on positive developments for our Compliance efforts, including:

- Successful Washington State Health Care Authority EHR incentive payment audit completed
- Positive external charge master review by Holliday & Associates
- Continued internal monitoring of Pullman Regional Hospital's Revenue Cycle
- New Compliance Committee members



In 2017, the Compliance Committee elected to move forward with completing quarterly Exclusion List checks for all PRH employees, physicians, and vendors. These Exclusion List checks ensure that we do not contract with anyone who is excluded from participating in federally funded healthcare programs. Among persons or entities on the federal Exclusion List are convicted of patient abuse, felony convictions of health care fraud, felony convictions relating to controlled substance, and various others. There have been no findings of Excluded individuals or entities at Pullman Regional Hospital.

2018 will bring more focus and efforts in ensuring a compliant organization, including:

- The review and hospital-wide acknowledgment of our Corporate Code of Conduct
- Revamping of our Compliance Program to embrace industry standards and federal recommendations
- Valuable and applicable training to employees

Healthcare Insurance Portability & Accountability Act (HIPAA)

2017 brought momentum in focusing on HIPAA security measures with the wave of cybersecurity incidents in the healthcare sector taking place across the nation. Pullman Regional Hospital underwent a HIPAA Security Risk Assessment for the 2nd year in a row, seeking out weaknesses in our systems and processes.

From the risk assessment and our internal efforts, Pullman Regional Hospitals HIPAA Committee has:



HIPAA

- Added two new members to the HIPAA Committee
- Created and implemented new HIPAA Security Policies and Procedures
- Executed Business Associate Agreements that secure patient information use with vendors
- Created a HIPAA Security Audit System that monitors our software systems containing patient information
- Participated in monthly HIPAA Walk Arounds where members of the HIPAA Committee observe patient privacy practices in clinical areas and consult on issues and concerns
- Create and share monthly updates on HIPAA-related news and current issues

The HIPAA Committee is looking forward to carrying this momentum into the 2018 year, with projects including:

- Increased workstation computer security
- Streamline and secure processes for employee system access
- New and engaging training program for clinical employees
- Standardized Notice of Privacy Practice available for all patients

Pullman Regional Hospital's HIPAA Committee is proud to play a role in the security of your patient information.

DNV Hospital Accreditation

In 2014, Pullman Regional Hospital began working with Det Norske Veritas (DNV) for hospital accreditation. 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). DNV provides a more consultative approach to the accreditation process, with a primary focus on the development of high reliability organizations through rigorous attention to continuous process improvement. DNV accreditation surveys are conducted annually assisting in the process for continued readiness and improvement.



DNV conducted our fourth annual accreditation survey in August 2017, resulting in full re-accreditation for an additional 3 years for Pullman Regional Hospital, which was finalized in November. We also met compliance with the ISO 9001:2015 standards for healthcare quality management. The focus of the quality management principles that we are working on include: customer focus; leadership; engagement of people; process approach; improvement; evidence-based decision making; and relationship management. The adoption of a quality management system helps organizations improve its overall performance and provide a sound basis for sustainable development initiatives.



Physical Environment

The Safety Committee experienced several structural changes during 2017. The first change was the committee's name. The previous name was the Environment of Care/Safety Committee. The reason for the change was to eliminate the Joint Commission language of Environment of Care and to align the committee name with the language of DNV and the WA State Department of Occupational Safety and Health (DOSH). Therefore, the committee name was changed to the Safety Committee. The second change was the establishment of a Safety Coordinator position. This position is responsible for coordinating the daily activities and education of the staff concerning areas of safety. The final structural change was the committee's focus on the Physical Environment Plans as set forth by DNV. This annual report is structured using the seven Physical Environment Plans.

The 2017 Safety Committee accomplished many goals and activities that continue to provide and improve a safe working environment for all of the employees at Pullman Regional Hospital. The information shared in this report is a summary of those 2017 activities.

Life Safety Management

- The hospital's Life Safety Management Plan was written to align with DNV's Life Safety Management criteria.
- The Hot Works policy was actively being used and documented while welding during the operating room construction project.
- Pullman Fire Department inspected the hospital for compliance with fire code. Five areas were found to be out of compliance. Those areas were fixed and passed a second inspection.
- Fire drills were completed as required which is one per quarter per shift.
- Alternative Life Safety measures were implemented during construction projects.

Safety Management

- The hospital's Safety Management Plan was written to align with DNV's Safety Management criteria.
- The 2017 Hazard Assessment grid was reviewed and updated by each department.
- New key pad lock was added to a storage room door at Summit Therapy.
- A Yield sign was installed at the corner of the exit of the main patient parking lot and Leff Drive to assist with safe traffic flow.
- Attendance at the CPI training course was monitored and it was found that very few staff members were attending. The feedback was that the course content is good; however the time commitment of 8 hours was too long. In 2018, the course will be approximately 2 hours long and focus on verbal de-escalation techniques.
- Two consultants with the State of Washington Department of Labor and Industries Division of Occupational Safety and Health performed a general safety review. Items that were identified have been corrected or are in the process of correction.
- All departments in the hospital reviewed/updated their Personal Protective Equipment Hazard Assessment Survey and Analysis for each job category within their department.

Physical Environment (Continued)**Security Management**

- The hospital's Security Management Plan was written to align with DNV's Security Management criteria.
- Hours for in-house security were increased and a new staff member was hired.
- A new antenna was installed to increase radio communications within the Emergency Department for the Pullman Police Department.
- The Maintenance Staff completed the installation of LED lighting in all of the parking lots at the hospital and Summit Therapy. This has greatly improved the outdoor lighting and safety.
- Panic buttons that connect with an independent third party monitoring company have been installed and tested in various departments of the hospital including Patient Financial Services and Behavioral Health in the Corporate Pointe Building.
- The prox door to the Physician Lounge was repaired and is working properly.
- A prox door was added to the front door of the BirthPlace.
- Due to the construction of the new operating room, additional cameras have been installed to assist with the site lines for staff to view patient/visitor walking traffic.

Hazardous Materials (HAZMAT) Management

- The hospital's Hazardous Materials (HAZMAT) Management Plan was written to align with DNV's Hazardous Materials (HAZMAT) Management criteria.
- Code Orange training was completed in the fall. Three new employees were trained and added to the Code Orange team and 15 employees went through a refresher course. The Code Orange Team consists of 26 employees representing all shifts.
- The majority of the hospitals Safety Data Sheets (SDS) have been added to MSDS on-line. This is an on-line safety data sheet management system that can be accessed by all employees at all computers in the hospital.
- Staff badges that monitor radiation levels continue to meet standards.
- Staff badges that monitor formaldehyde levels continue to meet standards.

Emergency Management

- The hospital's Emergency Management Plan was written to align with DNV's Emergency Management criteria.
- The WA State DOH Intrastate Healthcare System Coordination Plan was completed by Russell Phillips and Associates. This assessment was conducted to address patient movement in a large scale disaster.
- Approximately 320 hospital staff members have been added to the EverBridge system for use in emergency communication with staff.
- The hospital continues to participate in the Region 9 Health Care Coalition, WSU Emergency Management Advisory Committee, Whitman County Local Emergency Planning Committee, and Idaho North Central Healthcare Coalition.
- Pullman Regional Hospital is the Disaster Medical Coordination Center (DMCC) for the five hospitals in the four counties of Asotin, Columbia, Garfield, and Whitman.
- Six emergency preparedness exercises were conducted in 2017: 1 actual event, 2 full scale exercises, 1 functional exercise, 1 virtual tabletop exercise, and 1 drill.
- Due to a nation-wide shortage of IV fluids, the staff in Materials Management and Pharmacy began an IV fluid conservation program to ensure that the hospital has appropriate IV fluids to provide patient care.

Physical Environment

Medical Equipment Management

- The hospital's Medical Equipment Management Plan was written to align with DNV's Medical Equipment Management criteria.
- The foot section of the Ultrasound beds were checked for patient safety concerns and from that review a new bed was ordered.
- The Maintenance department has been working with Sacred Heart Medical Center Engineering to implement a new computerized system to track and monitor the maintenance of the hospital's bio-medical equipment.

Utility Management

- The hospital's Utility Management Plan was written to align with DNV's Utility Management criteria.
- Code Blue Buttons were tested twice during the year. Equipment issues were identified during the testing and appropriate repairs were completed.
- The overhead paging button on the hospital's main switchboard was moved to a different phone so that it could not be interrupted by an incoming phone call.
- The patient assist pull cord in the Laboratory's patient restroom has a visual signal not an audible signal in the Laboratory. This was evaluated and determined that the current nurse call system is at capacity and an audible signal cannot be added. With the construction of the new Same Day Services area, a new nurse call system will be added and an audible signal will be added to the Laboratory.
- Backup emergency lighting was added to three areas of the hospital – OR 5, Endoscopy, and MRI.
- Backup emergency lighting was added to three areas of the Summit Therapy building – Pediatric Gym, Storage space, and Speech Therapy area.

Throughout all of 2017, the members of the Safety Committee participated and were engaged in ensuring Pullman Regional Hospital continued to be a safe and great place for all employees to work. Committee members would bring safety concerns from their individual work areas that the committee would work together to resolve.

Special acknowledgements go to Krystal Rogers for her work in the areas of Employee Health and Infection Prevention and Bill Whitman for his ongoing and committed work in the area of Emergency Management. Pat Wuestney, Bonnie Martin, and Hannah Kimball made outstanding contributions to the work of the Safety Committee. They ensured the hospital met the immense number of regulatory requirements and continued to maintain a safe environment for everyone.

Thank you to everyone for making the 2017 Safety Committee an enjoyable and productive committee. It was an honor to serve as the 2017 committee chairperson.

Respectfully Submitted,

Bernadette Berney, Safety Committee Chairperson

Physical Environment

Measures of Performance	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Goal	Notes/Comments
EMERGENCY MANAGEMENT						
Total # of drills performed	1	1	1	1		1-24-17 WSU Nuclear Reactor Drill; 4-1-17 Genesee School Hostile Event; 9-9-17 Boise St. Football Incident; 10-19-17 Shakeout
Hospital representation at regional meetings	100%	100%	90%	100%		Region 9 Health Coalition, Whitman Co. LEPC; Idaho Region 2 Health Care Coalition
HAZARDOUS MATERIALS MANAGEMENT						
Formaldehyde Personal Monitoring Badge				100%		Annual
# of Code Orange called. (hazardous material spill)	0	0	0	0		10-24 & 25-17 Training Offered
LIFE SAFETY MANAGEMENT						
Fire Doors:						
Annual testing of fire doors for alignment & closure		100% June			100%	
Fire Drills:						
1 per shift per quarter	100%	100%	100%	100%	100%	
Fire Extinguishers Portable:						
Monthly monitor & inspection all portable fire extinguishers	100%	100%	100%	100%	100%	
Fire Hose Connections						
Annual hose connection testing by opening/closing valves (water flow)			100% 9/29/2017		100%	Helipad (3) Hospital Stairwell (2) MOB II Stairwell (2)
Quarterly visual inspection of hose caps, hose threads, valve handles & gaskets	N/A	N/A	100% 9/29/2017	100% 11/13/17	100%	Helipad (3) Hospital Stairwell (2) MOB II Stairwell (2)
Horns & Strobes						
Annual inspection by outside representative (EVCO)	100% 2/13/17				100%	
Quarterly visual check during fire drills.	100%	100%	100%	100%	100%	
Fire System Inspection						
Annual testing of devices (batteries, smoke detectors)	100% 2/13/17				100%	
Emergency Exit Signs						
Monthly visual inspection	100%	100%	100%	100%	100%	

Physical Environment

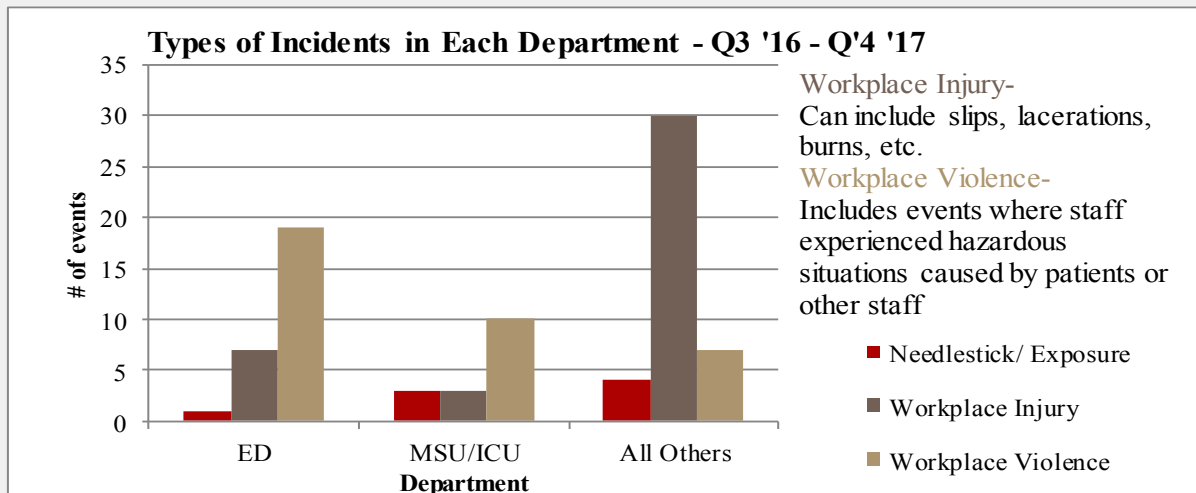
Measures of Performance	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Goal	Notes/Comments
Emergency Lighting						
Monthly 30 Second functional testing	100%	100%	100%	100%	100%	42 Stations Jan-July 2017 45 Stations as of 8-2017
Annual 90 minute functional testing			92.8% **		100%	**39 of 42 stations 45 stations as of 8-2017
MEDICAL EQUIPMENT MANAGEMENT						
BioMedical PM's on C1, C2 will be performed within recommended time frames	100%	100% C1 (8) C2 (22)	C1 (14) @ 100% C2 (30) @ 83%	100% C1 (7) C2 (33)		C1 = Life Support C2 = Mission Critical
Product Recalls: Pharmacy/Clinical	2 / 2	0 / 1	1 / 6	0 / 8		
SAFETY MANAGEMENT						
Employee Health:						
Annual Flu Vaccine				89%		
# of exposures to blood & body fluids	1	2	1	1		
# of patient handling injuries	0	4	0	2		
Laser Safety:						
Annual education (Healthsteam)			94%			
Radiation Safety:						
Radiation levels will be within tolerable range		100%				
SECURITY MANAGEMENT						
# of security related incidents reported in Pavisce	3	3	2	6		
UTILITY MANAGEMENT						
Generator Set Testing:						
Weekly Visual Check	100%	100%	100%	100%	100%	
Monthly Functional Test Run (1 hour)	100%	100%	100%	100%	100%	
Annual Generator Inspection by outside representative	2/13/2017					
Annual Emergency Generator 2-Hr. Load Bank testing performed		6/17/2017				

Physical Environment

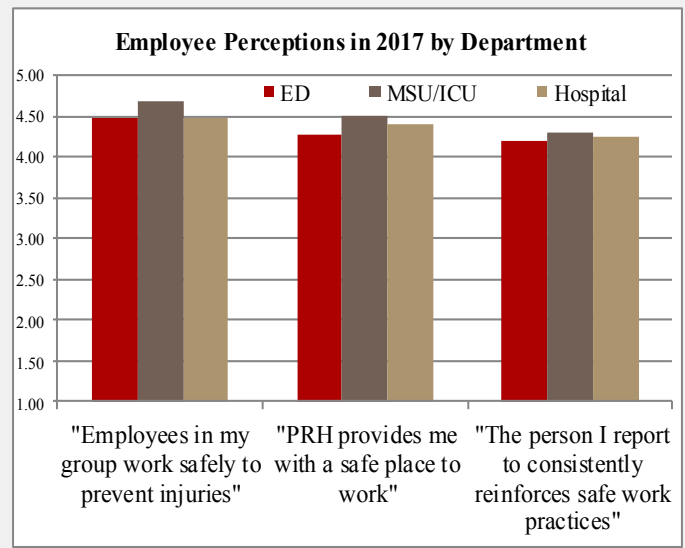
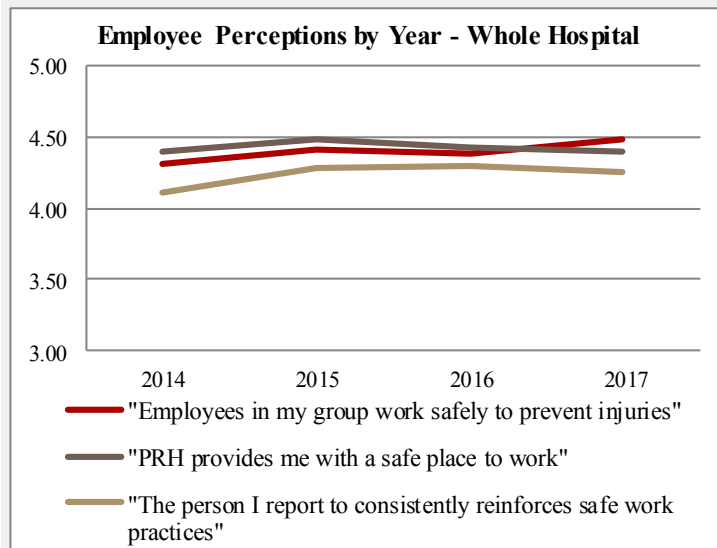
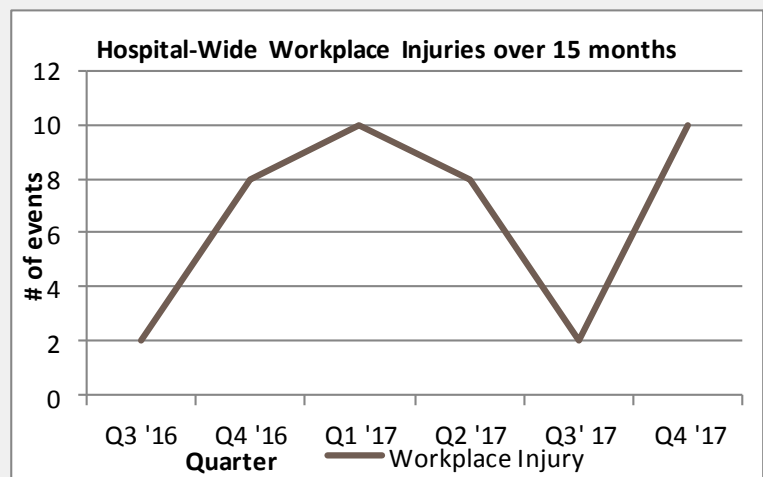
Employee Safety Events and Perceptions of Safety

Utilizing data from reported events, the Safety Coordinator analyzed the incidents between MSU&ICU, the Emergency Department, and the hospital as a whole. This was also used as a Master's Project for WSU Spokane's Masters in Healthcare Policy and Administration.

In 2018, we hope to increase training opportunities including Situational Awareness Training, De-Escalation Training, and an increased number of Emergency Drills.



Saw 5 parking lot falls in the winter months. In the summer of 2017, PRH paved and added additional lighting to staff parking lots. Also, saw 4 staff injuries from Red Sage Cafe. Safety Committee is creating an Accident Prevention Program for the Red Sage Cafeteria.



2017 Medical Staff Performance Improvement Activities

OB/Peds Committee

Reviewed 31 charts
Continuing to work on NTSV rates and C-section rates
Developed Group B strep protocol
Reclassified C-section to Routine, Urgent and Crash for improved communication to Surgery Department and Surgeons



Peds Subcommittee

Developed and instituted DKA protocol/pathway, Asthma protocol/pathway
Pediatric Care Coordinator
Pediatric Early Warning (PEW)

Critical Care Medicine Committee

Reviewed 25 charts; provided feedback to providers
Reviewed and updated chart review indicators

Surgery Committee

Reviewed 13 charts
Collaborated with OB/Peds Committee on C-section reclassification

Anesthesia Committee

Reviewed 148 charts with continued improvement noted in documentation requirements.
Assisted in the development of the C-section reclassification Routine, Urgent, Crash. Completed FPPE on new providers to the group

Credentials Committee

Reviewed and recommended 23 initial appointments, 83 reappointments, 10 telemedicine providers and completed 4 FPPEs.
Committee members attended off site advanced credentialing education course and providing education to during committee meetings.
Developed Audiologist privilege form

Family Medicine Committee

Reviewed 11 charts and provided feedback to providers.
Actively participating in the decision process for new EHR

2017 Medical Staff Performance Improvement Activities

Emergency Medicine Trauma Committee

54 charts reviewed and provided providers with feedback.

Code Stroke pathway

Collaborated with Peds Committee in the development and implementation of the DKA and Asthma protocols/pathways

Pharmacy, Therapeutics, and Infection Control Committee

The committee continued to monitor adverse drug reactions, medication errors, hospital-acquired infections, DVT prophylaxis and immunizations. Developing an Antibiotic Stewardship Program.

Psychiatry Committee

Reviewed 37 charts

Continues to provide oversight for the Tele psychiatry services offered at the hospital

Medical Executive Committee

Continued to provide input to QIC

Assisted in the development of Audiologist privilege form.

Recommended to the Board of Commissioners 23 initial appointments; 83 reappointments, and 4 FPPEs
Participating in the decision process for new EHR.



Organizational Ethics

ETHICS COMMITTEE

Ethics Committee membership includes Beth Suarez, Pullman Regional Hospital Laboratory; Anna Engle RN; Sandy O’Keefe RN/Hospital Board; Laurie Brown RN, Bishop Place;; Barb Sheffler, DSHS Children & Family Services; Pete Mikkelsen, Emergency Department MD; Karen Gehab, Hospitalists; Karen Karpman, Retired Clinical Psychologist; Stephanie MacCulloch RN Same Day Surgery; Leyen Vu, MD WSU Health & Wellness. The committee meets monthly. Each meeting consists of an educational component from a biomedical ethics perspective, a case review and committee discussion. The committee utilizes *Clinical Ethics: A Practical Approach to Ethical Decision in Clinical Medicine*, by Albert R. Jonsen, Mark Siegler & William J. Winslade. In 2017, an additional text, *Complex Ethics Consultations*, by Paul J. Ford & Denise Dudzinski helped our case review and learning. Learning included topics such as Non voluntary treatment of individuals with dementia, transgender surgery ethics, and conscientious objection and refusal. The Ethics committee reviewed and revised the hospital conscientious refusal policy. During the consideration of offering transgender surgical care, this policy was enacted and gave the committee the opportunity to update and educate hospital staff regarding the policy. Two case consultations occurred during 2017 on inpatients

Ethics Committee Co-Chairs:

Bill Kabasenche Ph.D.
Washington State University
Philosophy & Ethics Professor
Consultant & Educator

Jeannie Eylar
Chief Clinical Officer
Pullman Regional Hospital

INTERAGENCY CARE TRANSITIONS

The Interagency participants with the Care Transition Group include: Pullman Regional Hospital, Circles of Caring Adult Day Health, Avalon Care Center, Bishop Place, Regency Senior Living, Gentiva Hospice, Gentiva Home Health, local Adult Family Homes, Rural Resources and Pullman EMS. The group met five times in 2017. Services within these agencies ebb and flow and keeping abreast of the changes has proven beneficial to everyone. The group created and maintains a “Continuum of Care” document that is broadly shared so that everyone that needs this information has easy access to it.

Goals:

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

Key accomplishments in 2017

- Maintained a non-emergency transportation contract with Pullman EMS and Fire District #12 benefitting our emergency department and the living facilities.
- Collaborated with the National Healthcare Day of Decision activities showing the movie “Being Mortal” with a panel to answer questions about advanced care planning and advanced directives.
- Coordination of complex patient needs require as much notice as possible so supplies can be arranged (wound vac, tube feeding, hospital bed, oxygen).
- Expansion of end of life care discussions and education including chronic illnesses and POLST forms.
- Create interagency care plan meetings with all agencies involved in a patient’s care.
- Juggling and balancing medical necessity, social needs, payment abilities and appropriate capabilities.

Care Coordination

Mental Health and Substance Use Interagency Team

There has been an interagency group that has been meeting monthly for over 15 years. The focus of this group has been to design systems and processes to care for the people that utilize all of our services, build relationships amongst the people in the different agencies, communicate changes in the laws regarding mental health and substance use patients and learn from our experiences of how to improve our care. The agencies involved include Pullman Regional emergency department representatives, Dr Mikkelsen, Chad Miller and Stephanie Knewbow, Verna Yockey from inpatient care, Pullman police, WSU police, WSU Health and Wellness and WSU counseling services, and representatives from Palouse River Counseling. Some of the key areas of focus in 2017 were the referral process for WSU students for both behavioral health and counseling services. The two services underwent significant changes in 2017 and providers at the hospital have had concerns that students may be “falling through the cracks”. Changes in the law regarding holding psychiatric patients in community hospitals changed, requiring a focus on how to better meet the patients’ needs and the legal requirement. The process for the hospital to provide a “single-bed certification” for patients meeting the involuntary admission criteria until there is an available psychiatric bed. This accomplishment was only accomplished because of our strong relationship with Palouse River Counseling.



Quality of Life Team

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

The Quality of Life efforts in 2017 included review of 28 hospital deaths. The review included - Did the patient have an Identified Health Care Agency; Did the patient have a POLST form and or Advance Directive? and of those patients with advance directives did the care team honor any known wishes. We meet on a monthly basis to ensure quality care and consideration of patients’ wishes at the end of life. The team offers comfort blankets for patients who spend their last hours/days with Pullman Regional Hospital. The comfort blankets are hand tied fleece blankets made by hospital staff and community members. The Quality of Life team is working towards the development of a Palliative Care service.

Patient Safety

2017 Patient Safety Team Priorities

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

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

In response to safety concerns, here are the areas we are focusing efforts on for continuation into 2018:

1. Proper limb selection when drawing blood to help prevent erroneous laboratory results.
2. Proper medication administration practices as it relates to bar code scanning of the patient and the medications.
3. Proper labeling of specimens before being sent to the laboratory.
4. Proper identification of patients with verification of correct armbands placed on the patients.
5. Proper usage of patient's weight in the electronic medical record and reminders for staff to not use stated weights with pediatric patients.
6. Identification of high risk situations that may need to be drilled on more frequently or have discussions around, routine checking of code buttons in all areas, and potential protocols to implement in emergent situations.



Patient Safety

Patient Safety Week Rounds

In March 2017 during National Patient Safety Week, Dr Early and Jeannie Eylar made patient safety rounds. They visited ten departments on various shifts and talked to over 50 clinical staff and physicians. The employees identified 23 different issues that caused them concern for patient safety. Thirteen of these events were resolved at the departmental level, including addressing staffing levels, purchasing equipment, and education of staff. The concerns identified that received greater attention are:

1. A lack of a strong commitment to Hand Hygiene was identified of concern to employees. A hand hygiene task force was established and is assessing our current status and already making changes to remove barriers for everyone to easily perform appropriate hand hygiene.
2. Staff safety from violent patients was identified as a concern specific to the Emergency department. With this concern and a review of other safety and security issues concerns, security personnel hours were increased by an additional 20 hours/week.
3. Neonatal antibiotic protocols in the computer were identified as a high risk for error situation. Pharmacy, clinical informatics and BirthPlace changed how this looks on the computer so that it does not lead to confusion with the change.
4. Nurse call and code call systems issues were identified by several departments. The code committee reviewed some of the processes and made changes to those, the mock codes focused on some of the concerns and the call system company fixed some of the issues.
5. Interdepartmental hand-offs were identified as problematic. A task force of SDS, OR and Anesthesia offered to review current literature, propose and trial a standardized system for those three departments and then consider adopting their process hospital-wide.
6. The concern of using both ionic and non-ionic contrast in imaging and surgery was identified as a safety concern. The imaging department and radiologist reviewed and are not ordering additional ionic contrast and will completely use non-ionic contrast.

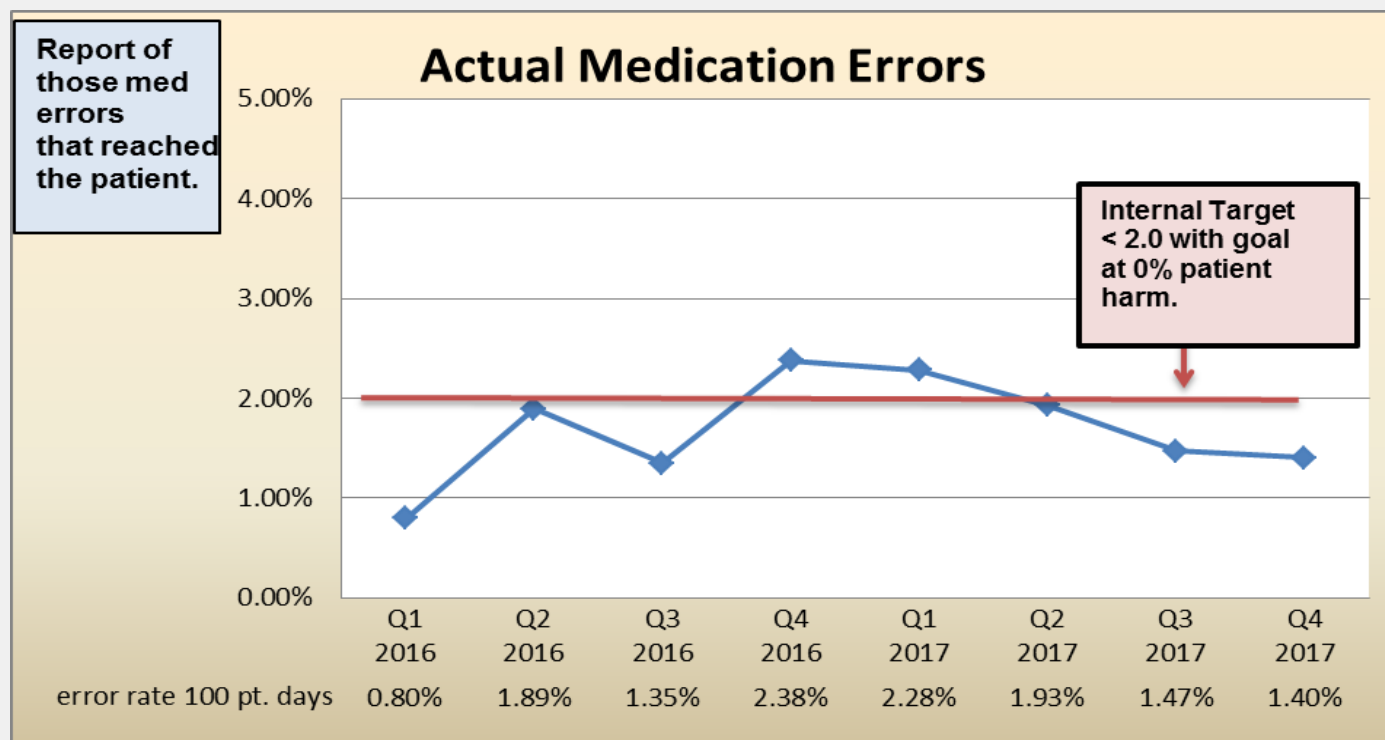
Commitment to Patient Safety

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. Our goal is to build safety into every system of care, ensuring that patients receive the safest, most reliable care across the continuum.

Patient Safety

Medication Safety

Medication Safety continued to be a focus in 2017. 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.

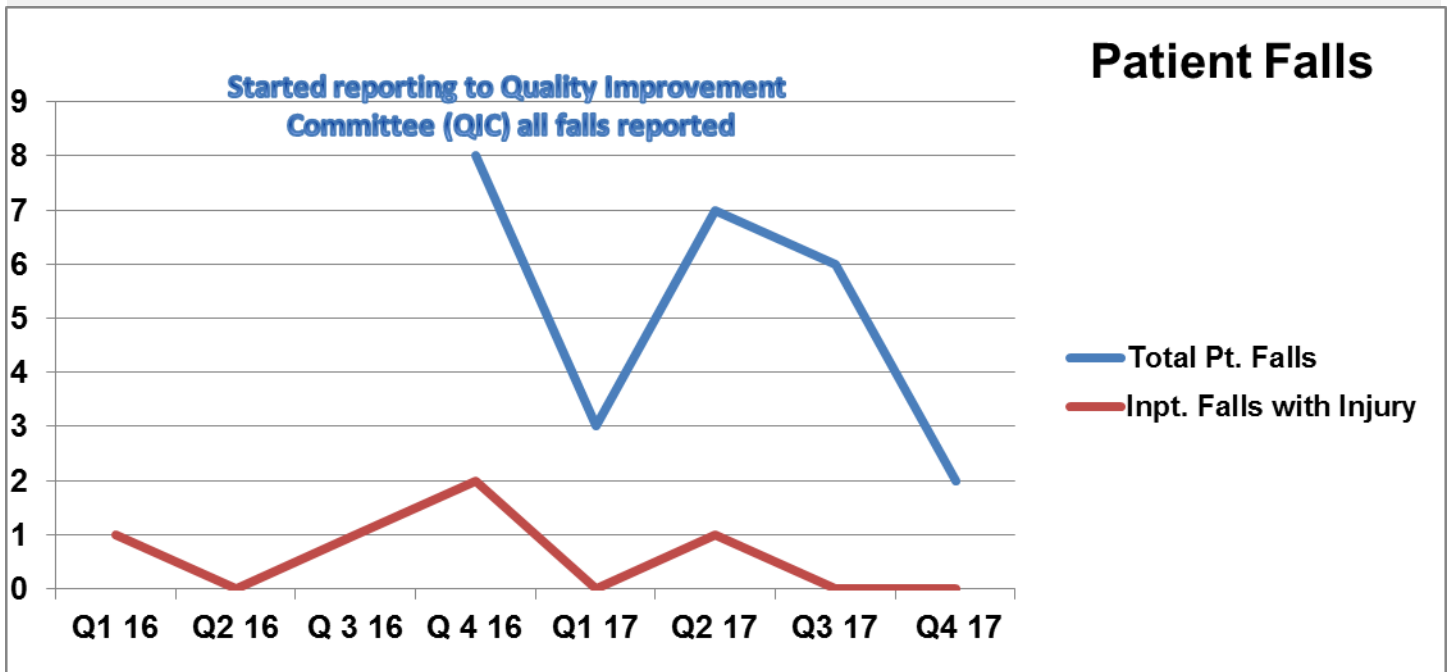


Several education/training and system issues were identified throughout the year. The following actions were taken in response to those issues:

- Reminders sent to staff regarding the need to scan medications before administration and follow the five rights of safe medication administration. This will be an ongoing focus in 2018.
- Tele-pharmacy issues included incorrect administration time, and pre-op medications not discontinued when post-op orders received. Follow up by pharmacy was provided.
- In terms of systems issues, the hospital began electronic prescribing of medications at discharge in 2016. This process helps facilitate medications being available for patients as they transition home. This process continues to be looked at as it has been identified as a high risk area for potential errors.
- Other issues included patients taking home medications while in hospital. Reminders sent to staff regarding following the medication reconciliation processes. Several potential errors were related to this process so ongoing education and follow-up will continue in 2018.

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.

Culture of Patient Safety



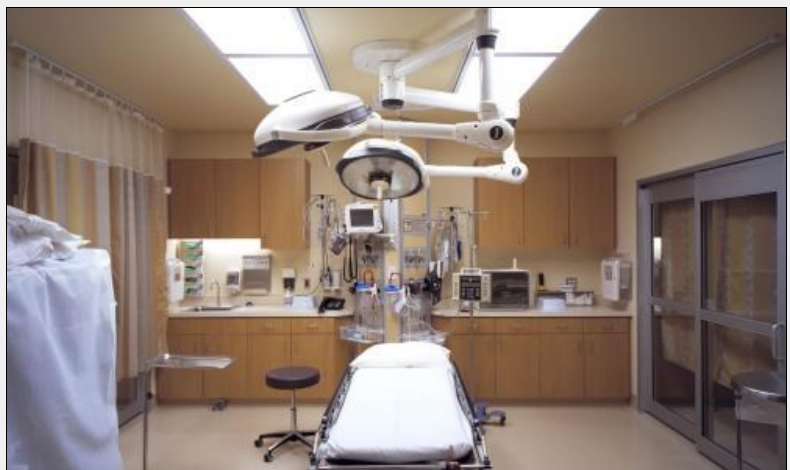
Falls with injuries remains one of the most reportable, serious, and costly type of adverse events that occur in United States (U.S.) hospitals. We continue to work on and report our patient falls to WA State as part of our quality improvement efforts. A reportable fall is defined as “any unplanned descent to the ground” even though a patient may have been assisted to gradually be placed on the ground.

The Washington State Hospital Association (WSHA) has launched a goal for hospitals to achieve as it relates to patient safety and falls.:

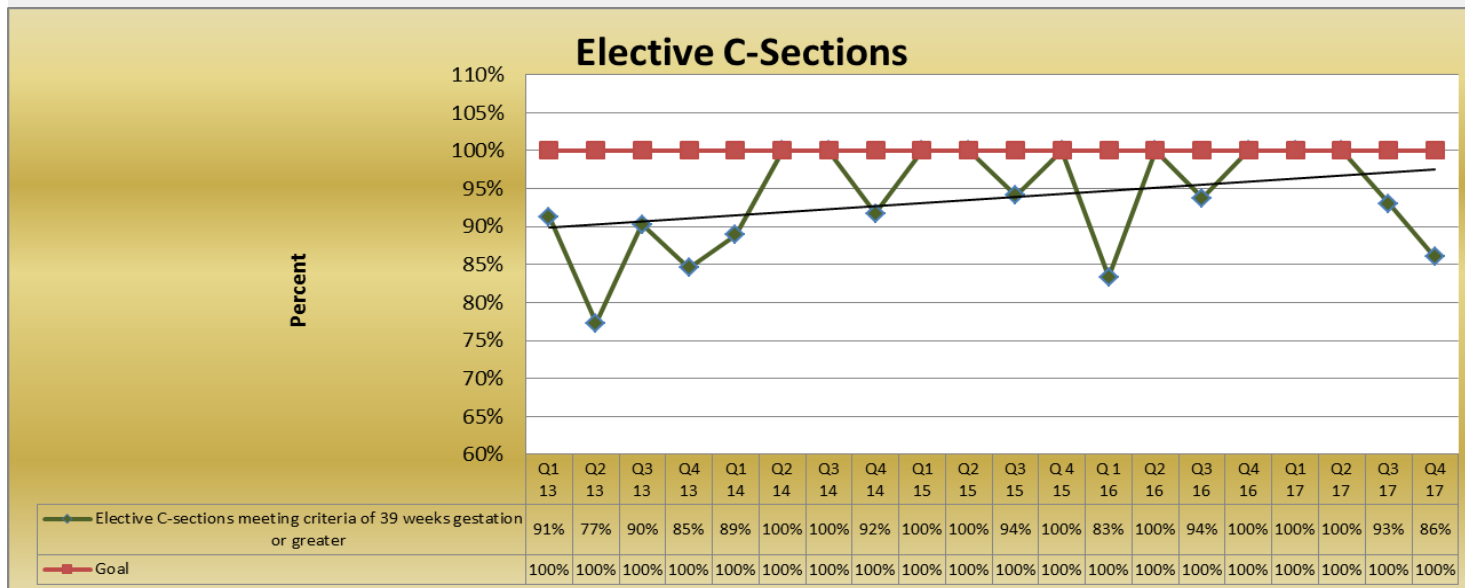
OUTCOME MEASURES: For 2017-2019, are:

- Zero Deaths from Falls;
- 50% reduction in falls with Moderate and Serious Injury; and,
- 40% reduction in Falls with Mild Severity of Injury

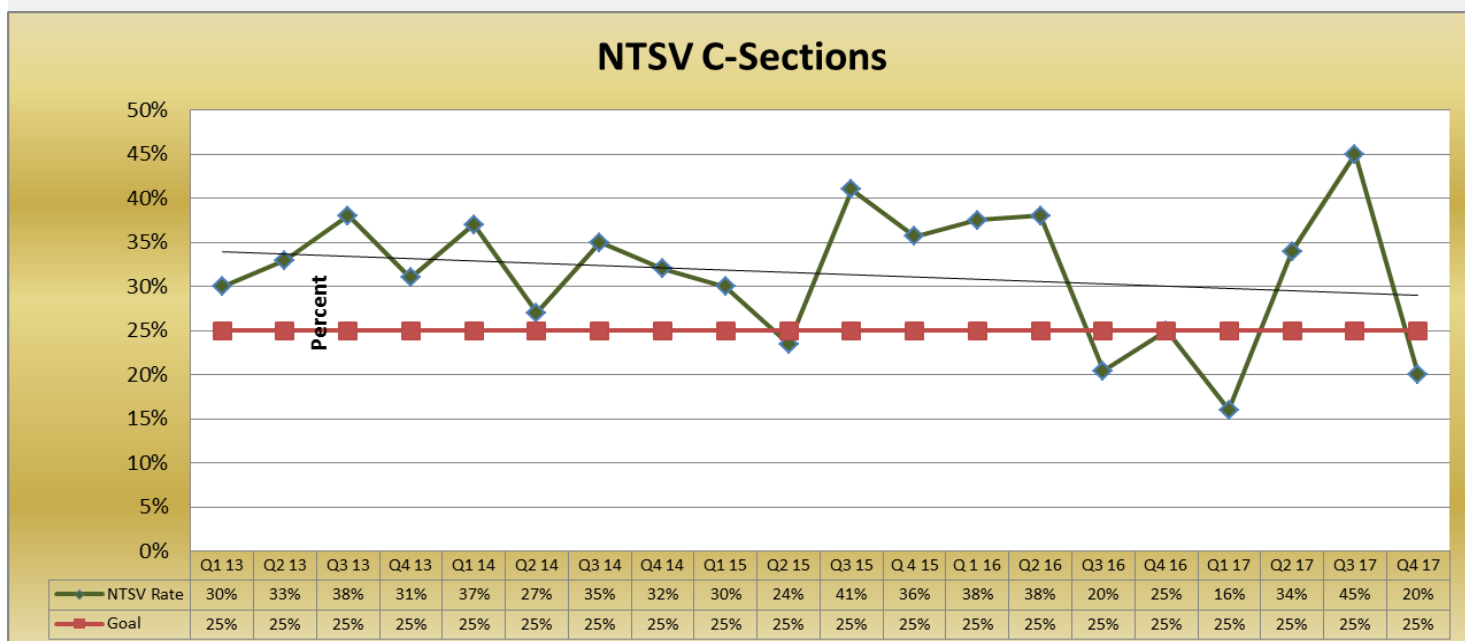
All hospitals should institute processes to assess patients on admission for fall and injury risk factors and develop individualized fall and injury prevention plans of care. Our fall risk assessment is built into our EMR documentation for the hospital patients and reassessed. We have continued to have a reduction in our falls during 2017 and will continue all of our efforts into 2018 with each fall being assessed as to “why it happened and what safe guards can be put in place to prevent future falls”.



Elective Deliveries: In response to the American College of Gynecology's recommendations that no elective deliveries (inductions and C-sections) take place prior to 39 week gestation, the OB-Peds Committee and the Quality Improvement Committee (QIC) continued to track its progress. Elective C-sections intermittently fails to meet this target. This will be an ongoing focus area in 2018 and reported in committee meetings.

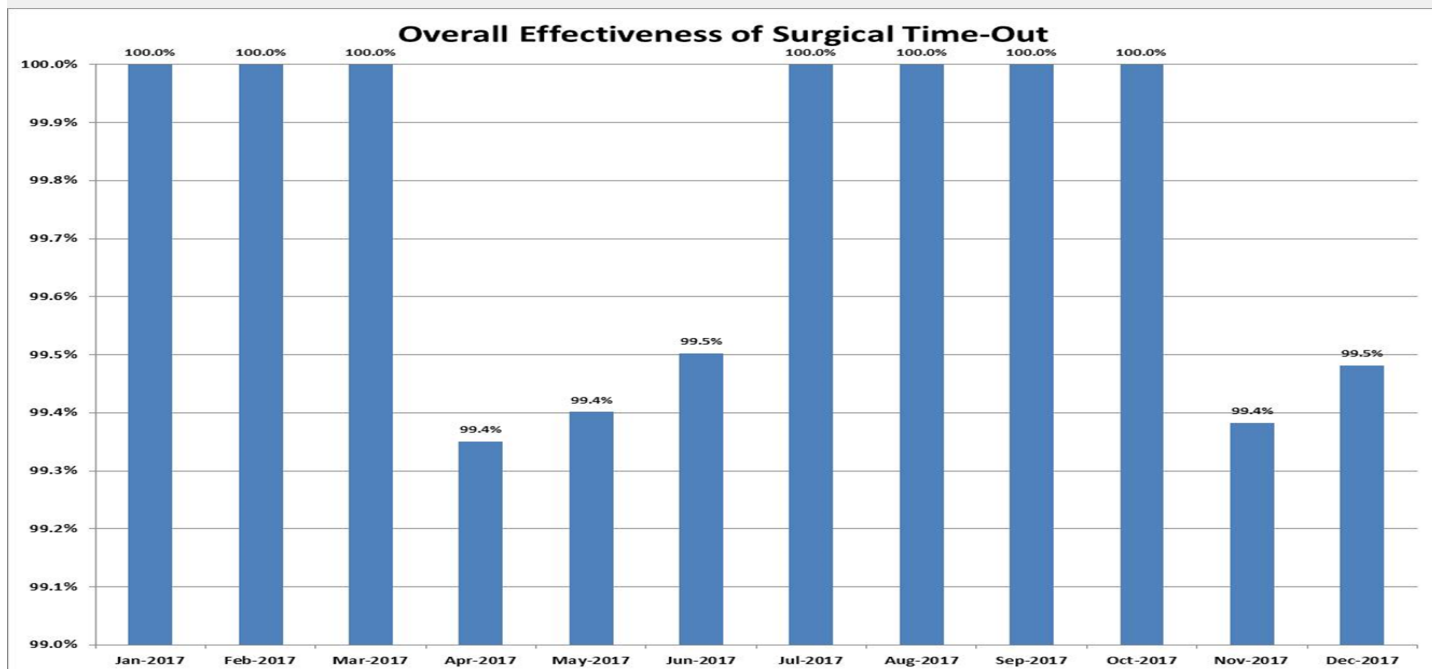
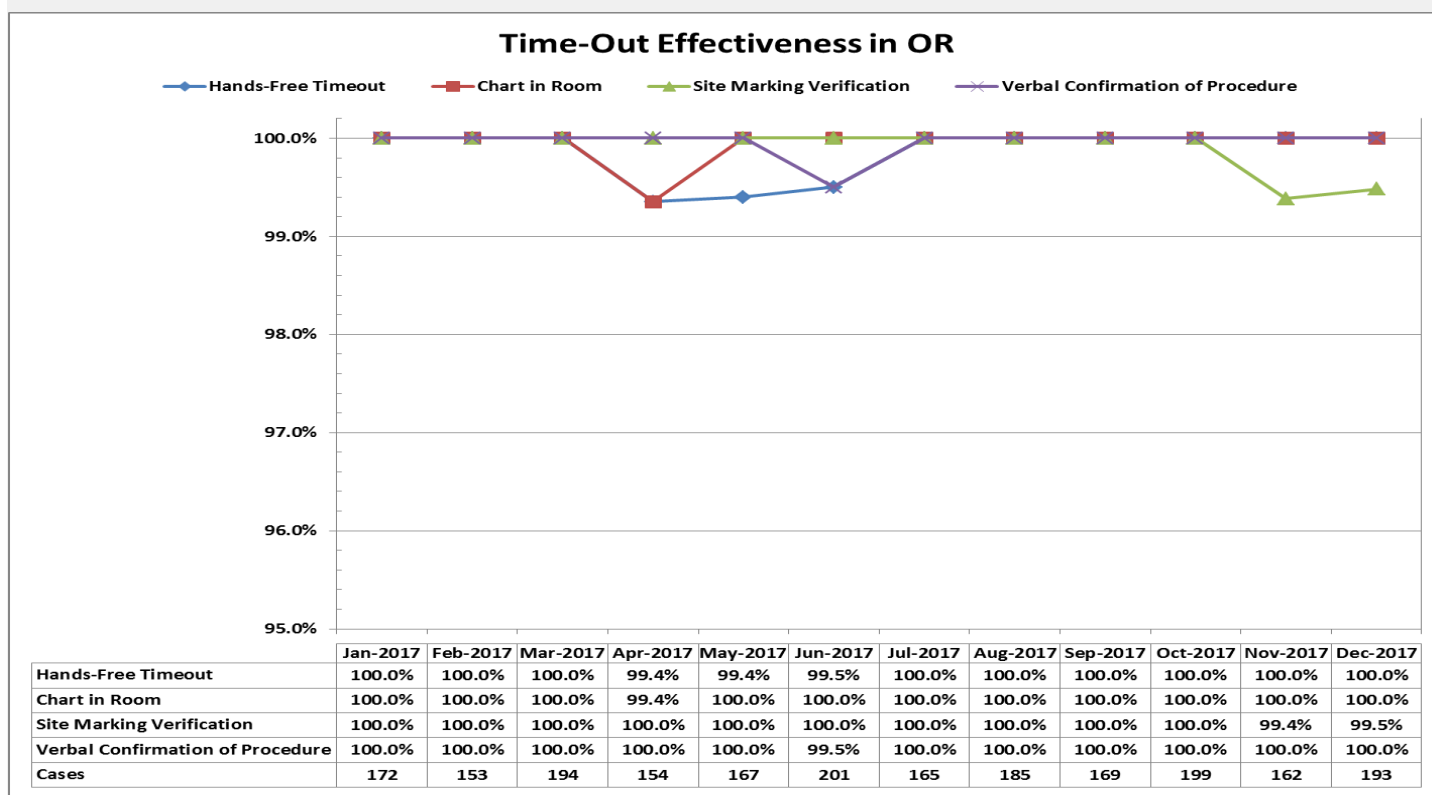


Nulliparous Term Singleton Vertex (NTSV) C-Section Rate: The NTSV C-section rate became an area of focus in 2016 and continued to be a focus area in 2017. Pullman Regional Hospital builds upon the successful effort to reduce early elective deliveries. We are working to improve maternal and infant outcomes by establishing and promoting evidence-based best practices for care as it relates to labor and delivery. In 2017 we failed to consistently meet our internal target of 25% and the WA State goal of less than 20%. Improvement measures are being put in place to continue to look closely at the data and share with the Physicians for ongoing awareness and involvement in the improvement process.



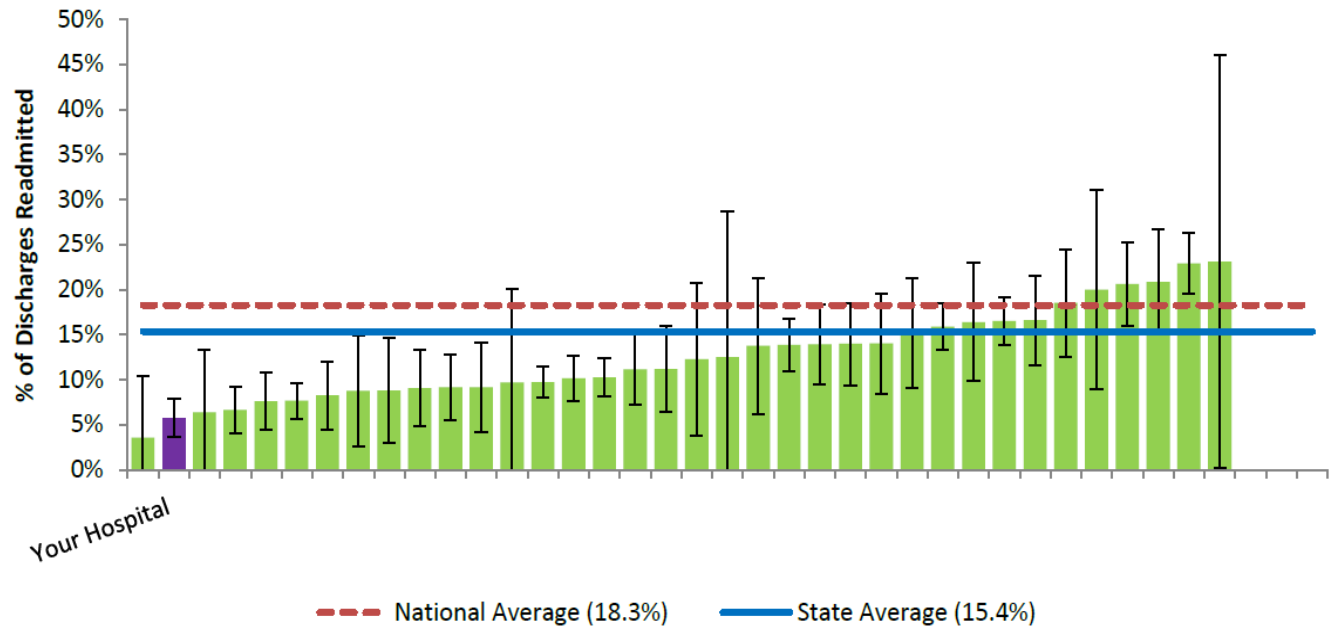
Culture of Patient Safety

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



Patient Safety— 30-Day Readmissions

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

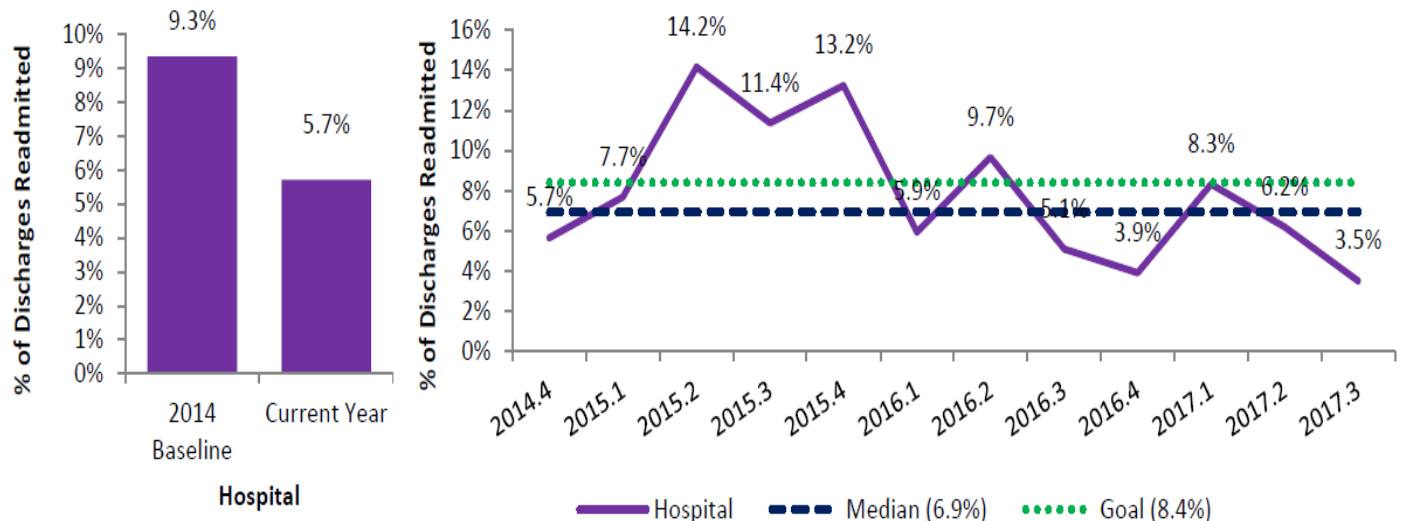


Hospital 30-Day Readmissions are reported for any cause to any hospital within 30 days of a discharge from our facility. Pullman Regional Hospital continues to have a low readmission rate in the State and is recognized as the second lowest critical access hospital in WA State as referenced above for 2017.

Our overall performance for 30-day readmissions continues to show a decline since 2015 and in 3rd qtr. 2017 we were at our lowest rating of 3.5%. This ranked below the goal of readmissions at 8.4% and the average/median of 6.9%. Readmissions will continue to be a focus area for the Utilization Review Committee.

Hospital Performance Overview

Figure 3: Hospital 30-Day Readmissions (as a Percent of Medicare Discharges)



Infection Prevention

2017 Infection Prevention Employee Health Review

- The goal of 90% employee immunization and 100% participation was set by the Board of Commissioners. These results are reported to National Healthcare Safety Network (NHSN) annually. This year's influenza program 'Shotoberfest' was during the month of October. In four weeks, 89% of Pullman Regional Hospital employees were vaccinated, with a 99% participation rate. A two week extension was given, allowing employees could get vaccinated elsewhere and bring in proof. During Shotoberfest incentives were offered on a weekly basis and the number of incentives decreased each passing week. Grand Prizes included \$500 gift card.
- Employees who chose to decline the vaccine had the opportunity to watch an online educational module which included a video of one of our employees sharing the experience of her sister who nearly died from influenza.
- In order to get a better provider response we asked the medical clinic office managers to provide us with the number of clinicians that were vaccinated. As a reward for sharing this information, we delivered a gift basket (see example below). The providers had a 92% vaccination rate.
- Special thanks to Scott Adams in the Executive Office for giving Executive support and leadership for the Influenza Program. Without his support and the generosity of the hospital in providing the luncheon and gift cards, the program would not be as successful. I would also like to say thank you to: Dr. Mikkelsen (Employee Health Medical Director), Patty Snyder (tracking the clinicians), Red Sage (making great-looking gift baskets), Shari Larson and Catherine Wilkins (helping with the family clinic), Andrea and pharmacy staff (ensuring the vaccine clinics did not run out of vaccine), the influenza committee for helping with the planning of the program and of course Thanks to everyone that got vaccinated



Employee Health Review

Employee Health Processed 94 new hires in 2017

The following vaccines were given throughout the year to employees (those administered by Shari, are not included in these numbers as this report is from WA-IIS).

- Influenza vaccine 295 doses
- Tdap 9 doses
- Hep B 35 doses
- TwinRix 3 doses
- Hep A 2 doses
- MMR 10 doses
- Varicella 3 doses

Total Influenza vaccines administered by Employee Health

- 395 Employees
- 9 Providers
- 30 Contractors

Infection Prevention

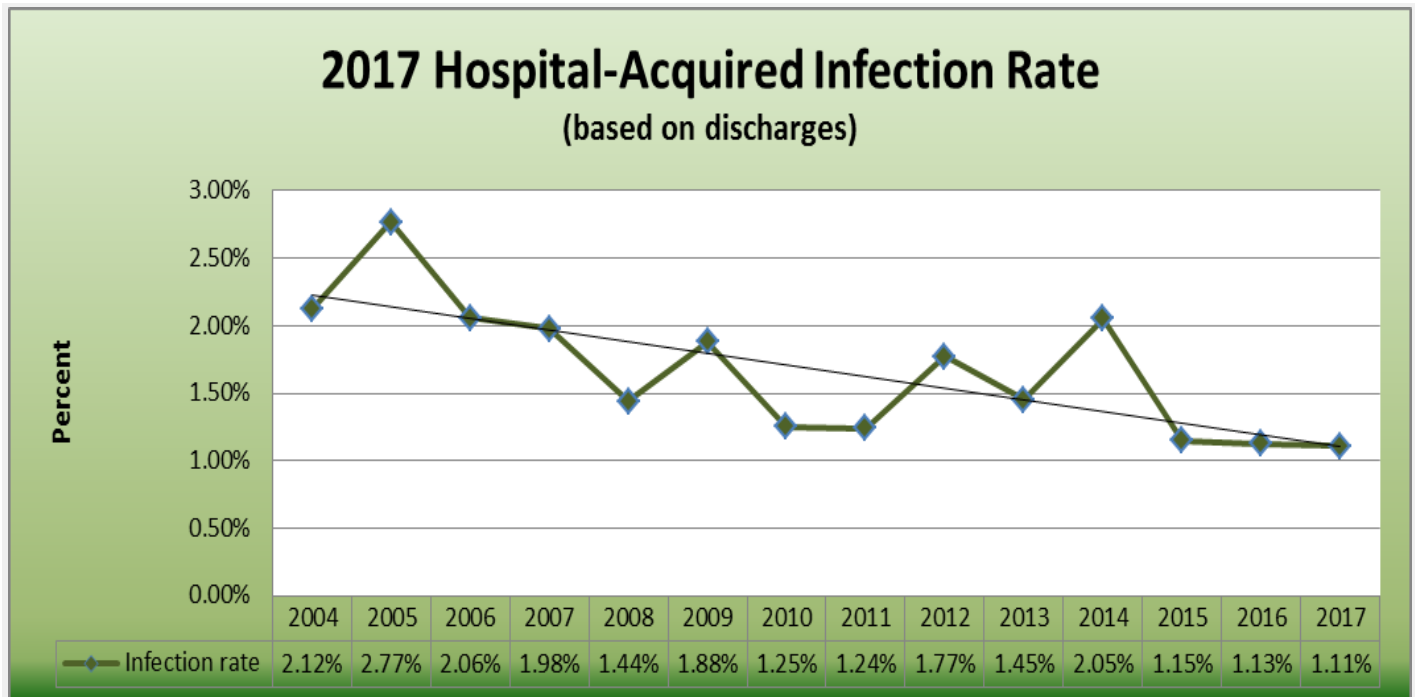
2017 Infection Prevention Risk Assessment Review

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

1. Surgical site infections*, Goal: SSI Rate less than 0.8% Class I & II below 0.8
 - Overall SSI Rate 0.43
 - Class I & II 0.43
 - Class III & IV 0.93
2. Multi-Drug Resistant (MDROs), Clostridium difficile* Goal zero transmission to patients
 - MET No HAI transmission within the facility
3. Hospital acquired pneumonia- include VAP* Goal Zero VAP
 - Goal VAP MET Zero
 - HAI Pneumonia (2/4369x1000)Rate 0.45 per 1000 patient days
4. Improving Processes in Employee Health Goal for Employee Health Labs to be sent to employee's personal provider.
 - Not all employees list a primary care provider – laboratory values come back to employee health and then employee health contacts them with abnormal lab values
5. Central line-associated blood stream infections * Goal Zero CLABSI Rate –
 - MET CLABSI rate zero
6. Multi-drug resistant organisms (including MRSA*) Goal MRSA Rate less than 1% for HA MRSA
 - MET goal for MRSA, VRE, ESBL, Rate zero HAIs
 - CDI rate (4/4369 x 10,000) 9.16 per 10,000 patient days
7. Catheter- associated urinary tract infections* Goal CAUTI Rate below 1/1000 device days
 - MET CAUTI Rate Zero
 - HAI UTI Rate (3/4369x1000) 0.69 per 1000 patient days
8. Compliance with isolation procedures: Goal no transmission of infectious process.
 - MET no evidence of transmission within the facility.
9. Maintain Influenza Vaccination Rate of 90% or greater.
 - Vaccination Rate 89%
 - Participation Rate 99%
10. Hospital Construction in the ORs occurred in 2017, with no related infections.

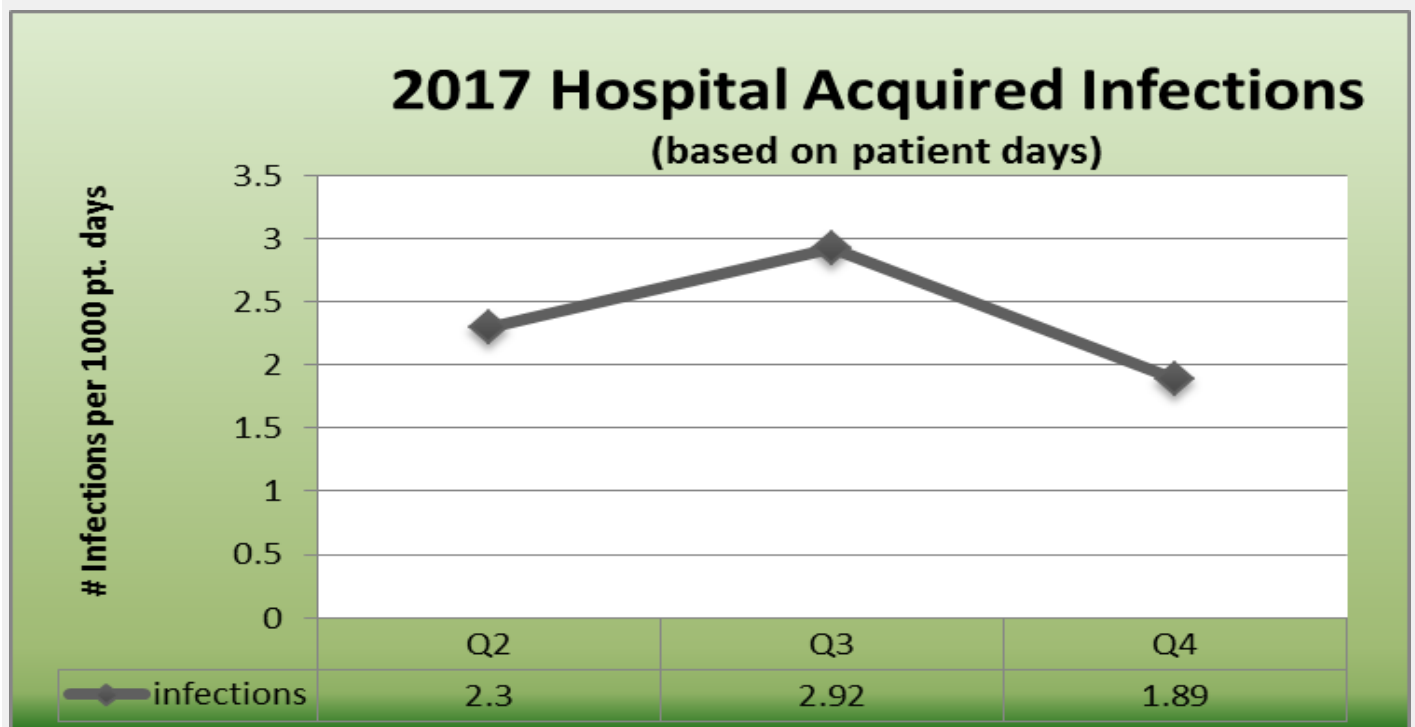


Infection Prevention

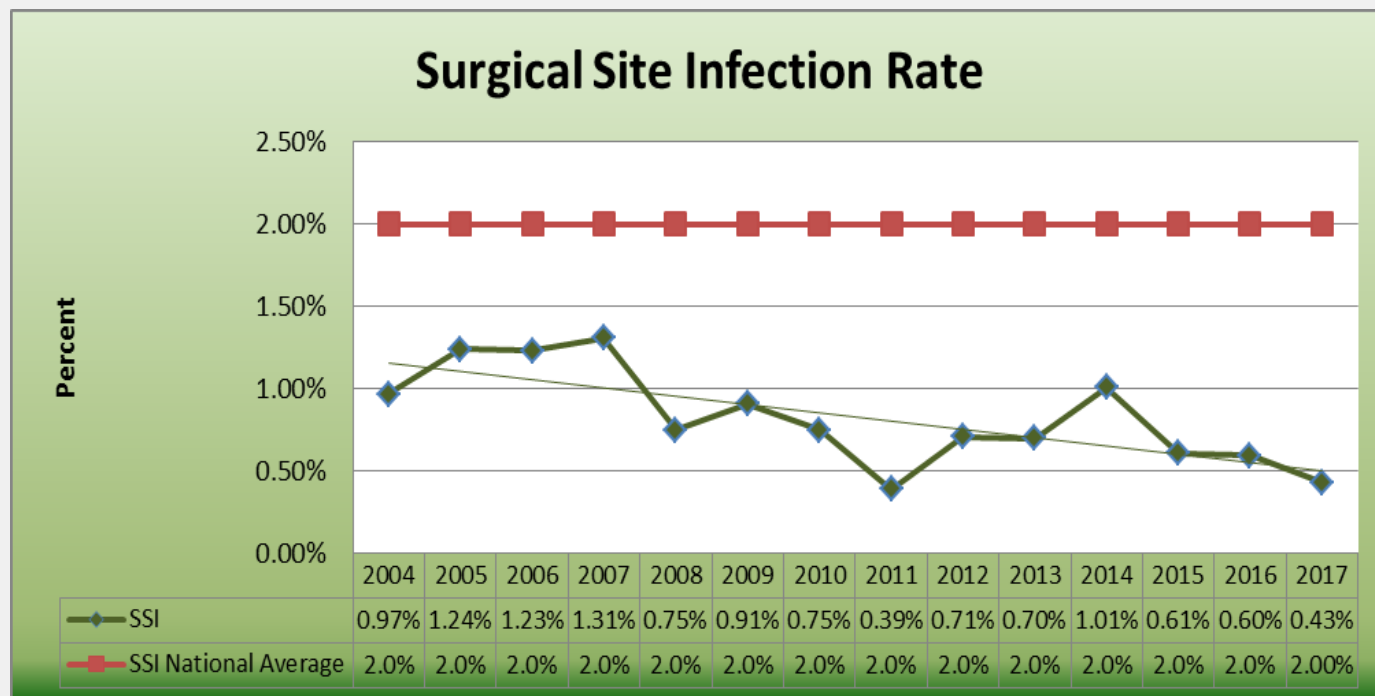


Hospital Acquired Infections (HAI) are continuing to be reviewed and reported on a rate based on discharges from the Inpatient and Birth Place Units. Our internal target is < 1.8% with a goal of 0.0%. We have achieved our target the last 3 years.

We have also begun to report infections based on number of infections per 1000 patient days. We have not established an internal target number but will review data in 2018 and establish our target and goal. Total infections reported in 2017 was 15 infections.



Infection Prevention



Surgical site infections have continued to trend down the past 3 years with this past year at one of our lowest rates at 0.43%. The national average for surgical site infections is 2.0% and we have consistently been below that average. Pullman Regional Hospital has set a target at 0.8% which we have achieved and a goal of 0.0%.



Patient Satisfaction Assessment



Insight Into Action

HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems) is a patient satisfaction survey required by CMS (the Centers for Medicare and Medicaid Services) for all hospitals in the United States. In the survey our patients provide us feedback on their experience within the hospital in the specific areas of: Communication with Nurses, Communication with Doctors, Responsiveness of Hospital Staff, Pain Management, Communication about Medicines, Discharge Information, Cleanliness and Quietness of Hospital Environment and Hospital Rating. Information from our patient survey responses is shared with Departments and used to help drive improvements in all of the areas listed.

Pullman Regional Hospital continues to have high customer satisfaction as demonstrated from our scores and rankings. In our overall score for all categories, PRH ranks #1 out of 79 hospitals in Washington State. We also rank #1 for Washington State in Overall Rating of Hospital and Willingness to Recommend. Out of the 12 categories for scoring, we are recognized as being in the top 10 in 10 out of the 12 categories.

The following table shows how you compare to the hospitals within your state.

Your Hospital vs. Washington

	Pullman Regional Hospital	Washington Average	Your Hospital Rank Among Washington Hospitals
Nurse Communication	83%	79%	7 out of 79 hospitals
Doctor Communication	87%	80%	4 out of 79 hospitals
Responsiveness of Hospital Staff	77%	66%	5 out of 79 hospitals
Pain Management	77%	69%	7 out of 79 hospitals
Communication About Medicines	72%	64%	8 out of 79 hospitals
Cleanliness of Room/Bathroom	80%	74%	14 out of 79 hospitals
Quietness of Area Around Room at Night	65%	55%	9 out of 79 hospitals
Discharge Information	91%	88%	11 out of 79 hospitals
Overall Rating of Hospital	88%	71%	1 out of 79 hospitals
Willingness to Recommend Hospital	88%	72%	1 out of 79 hospitals
Transition of Care	63%	52%	3 out of 79 hospitals
HCAHPS Composite	79%	70%	1 out of 79 hospitals

Patient Satisfaction Assessment



Insight Into Action

These graphs show how Pullman Regional Hospital has continued to be a 5 Star Hospital related to Patient Satisfaction Nationally and with our Peers.

Overall Rating of Hospital

Apr '16 - Mar '17

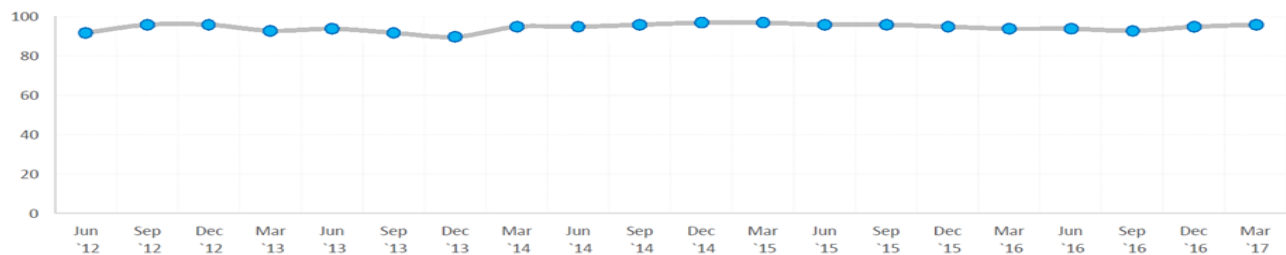
Pullman Regional Hospital

National and Peer Comparisons



	National Top Box Score	Facility Percentile Rank
National Average	73%	96
Region - Pacific	70%	97
State - Washington	71%	99
Location - Rural	74%	95
Critical Access Hospitals	77%	92
Non-teaching	73%	96
Ownership - Government	73%	96
Less than 100 beds	76%	92

National Percentile Rank over Time



Willingness to Recommend Hospital

Apr '16 - Mar '17

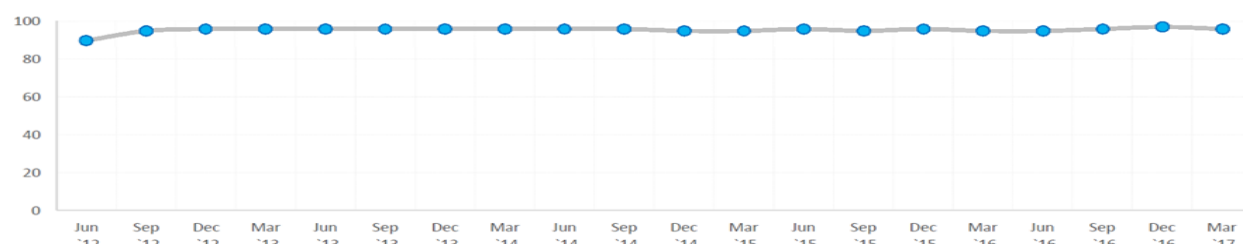
Pullman Regional Hospital

National and Peer Comparisons



	National Top Box Score	Facility Percentile Rank
National Average	72%	96
Region - Pacific	71%	97
State - Washington	72%	99
Location - Rural	72%	96
Critical Access Hospitals	75%	93
Non-teaching	72%	96
Ownership - Government	71%	96
Less than 100 beds	74%	92

National Percentile Rank over Time



Patient Satisfaction Assessment

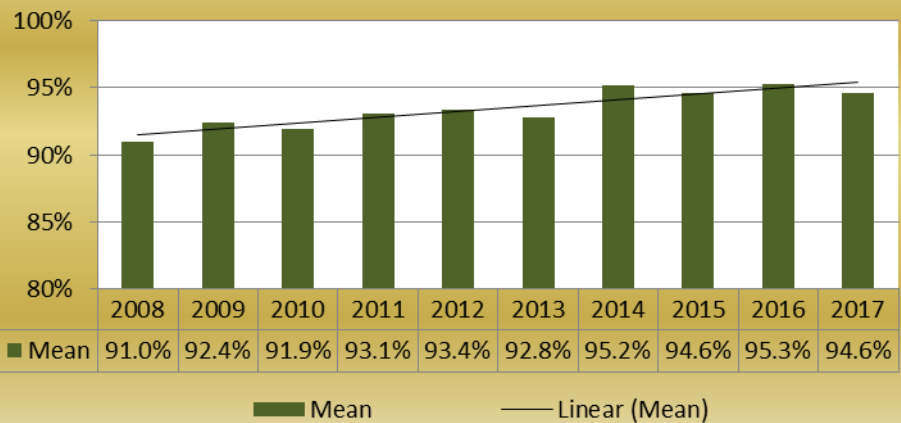


Pullman Regional Hospital contracts with HealthStream Research to assess patient satisfaction. The program includes Inpatient Services of the MSU/ICU Department and Birthplace, with Outpatient Services of Same Day Services, Emergency Department, Respiratory Care, Imaging, and Summit Therapy Services. Data is 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.

"The birth center nurse was exceptional in keeping me comfortable the entire time, and the whole staff was excellent in the birth process."

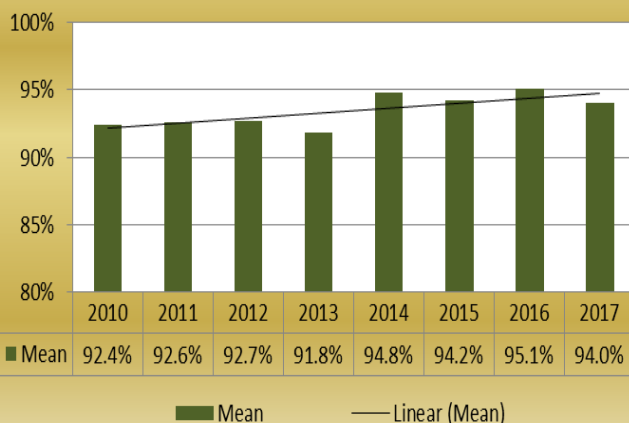
Overall Inpatient Satisfaction

(Based upon a 1 - 100 Scale)



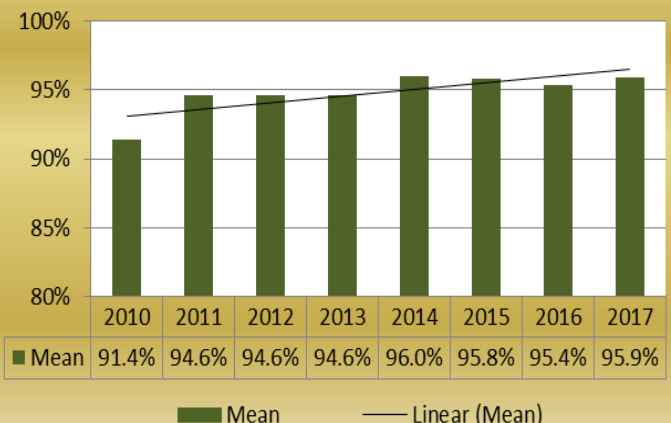
MSU-ICU Satisfaction

(Based upon a 1 - 100 Scale)



BirthPlace Satisfaction

(Based upon a 1 - 100 Scale)

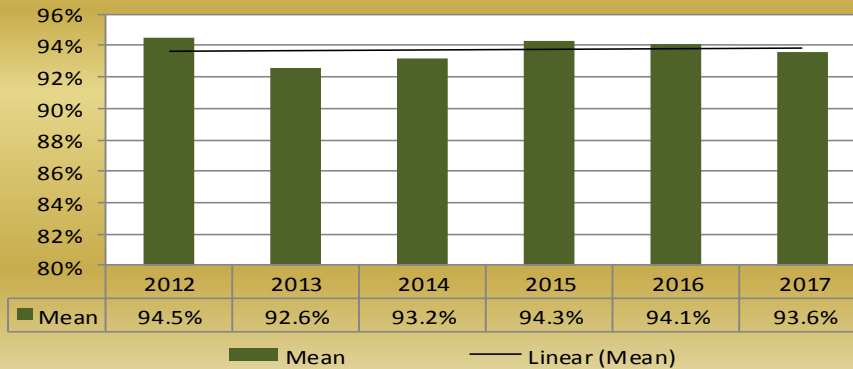


"I'd just like to recognize the entire nursing staff, occupational therapist, the physical therapist, the certified nurse practitioners. Everyone was just excellent and attentive and competent during my stay at Pullman Regional Hospital."

Patient Satisfaction Assessment

Overall Outpatient Satisfaction Imaging-Respiratory-Summit PT

(Based upon a 1 - 100 Scale)



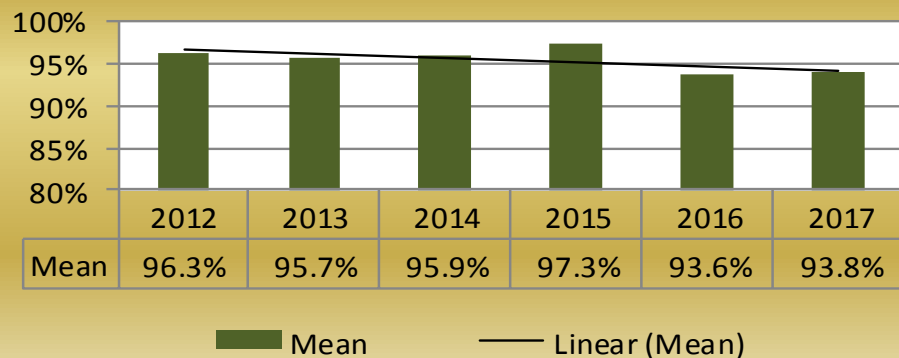
Insight Into Action

"I want to recognize the MRI techs. Absolutely kind, caring, and considerate every step of the way. Kept me informed of what was happening, how long it would be."

"The facility was real good and I thought the doctors and the nurses were excellent."

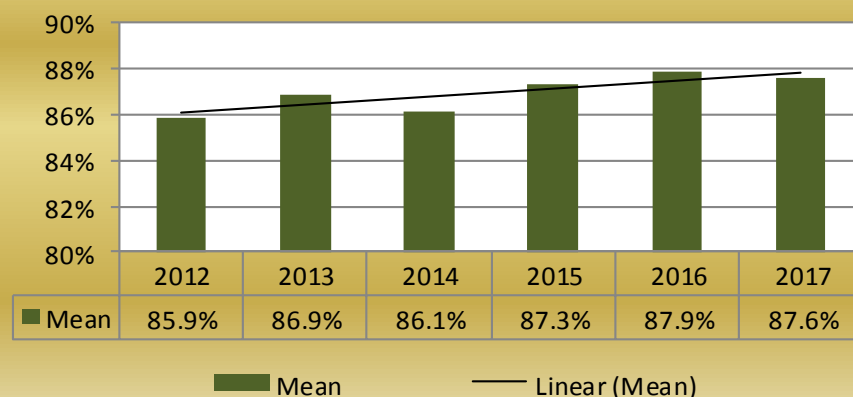
Overall Outpatient Surgery Satisfaction

(Based upon a 1 - 100 Scale)



Overall Emergency Dept Satisfaction

(Based upon a 1 - 100 Scale)



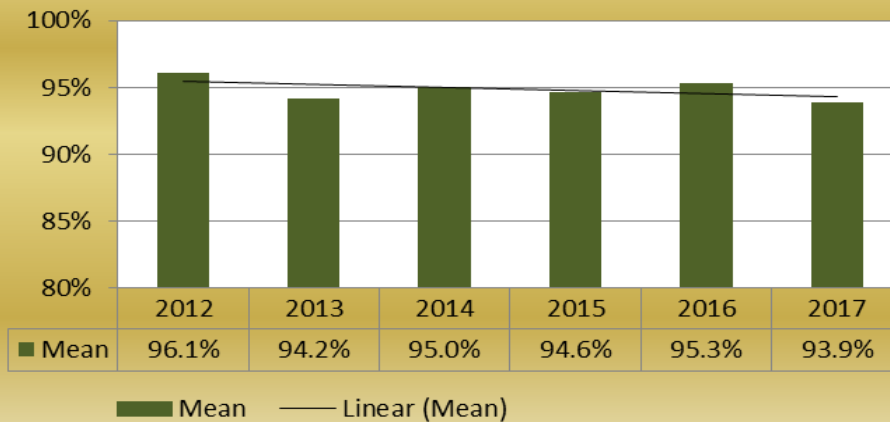
"I just want to say thank you to all the staff there and they all did a wonderful job. Everyone came together and did what they needed while I was there."

"Pullman Regional has an excellent emergency room. The doctors and nurses were very attentive and very careful."

Patient Satisfaction Assessment



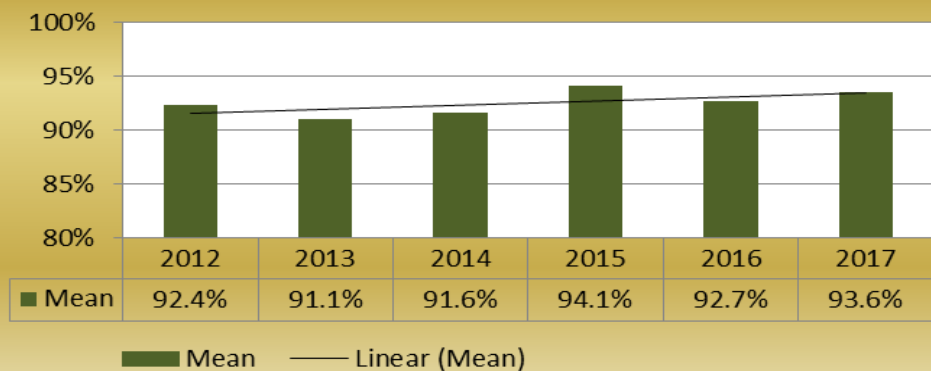
Outpatient Imaging Satisfaction (Based on a 1 - 100 scale)



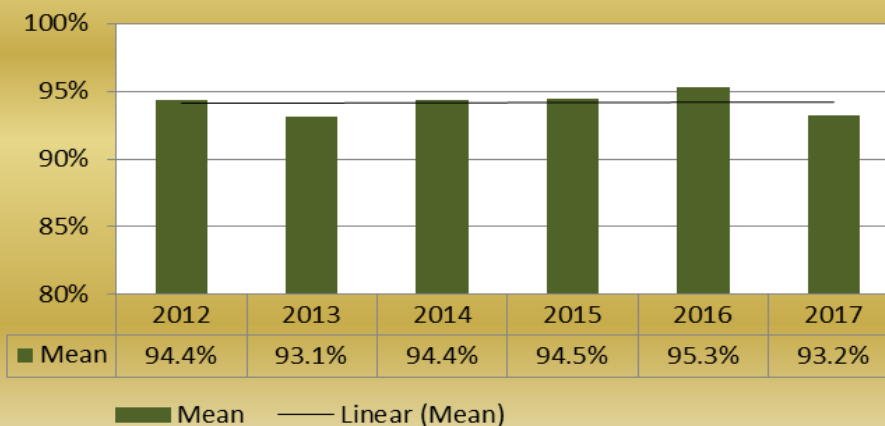
"They were great. I was treated with respect, they listened. It was just a nice experience."

"The Physical Therapist provided the best physical therapy that I've ever had. I don't ever want to go to any other therapy facility. This is the second time that I have worked with her with knee replacement, a wonderful therapist."

Outpatient Rehabilitation - Summit Physical Therapy Satisfaction (Based on a 1 - 100 scale)



Outpatient Respiratory Satisfaction (Based on a 1-100 scale)



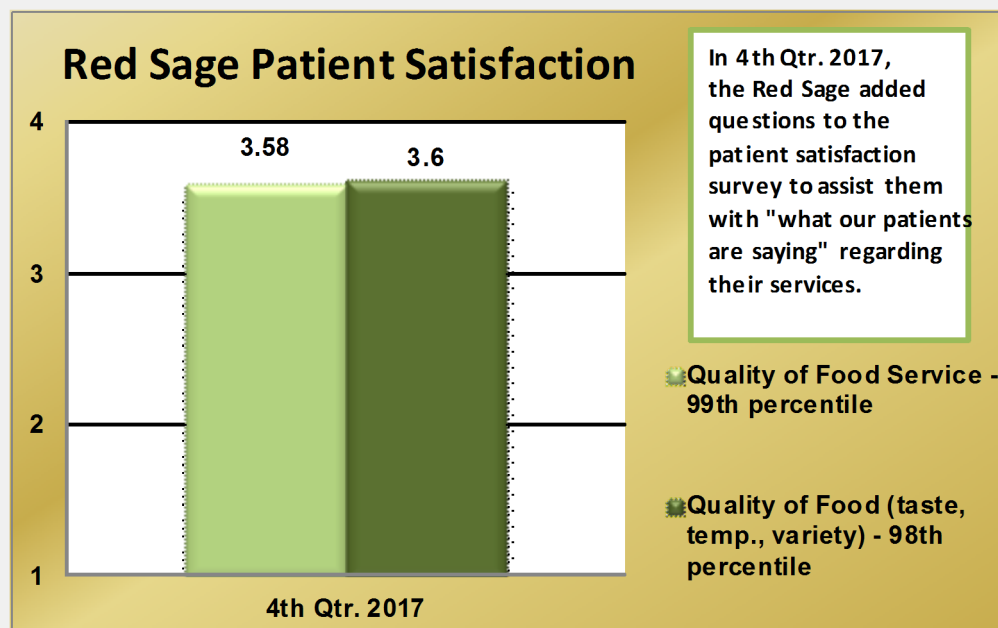
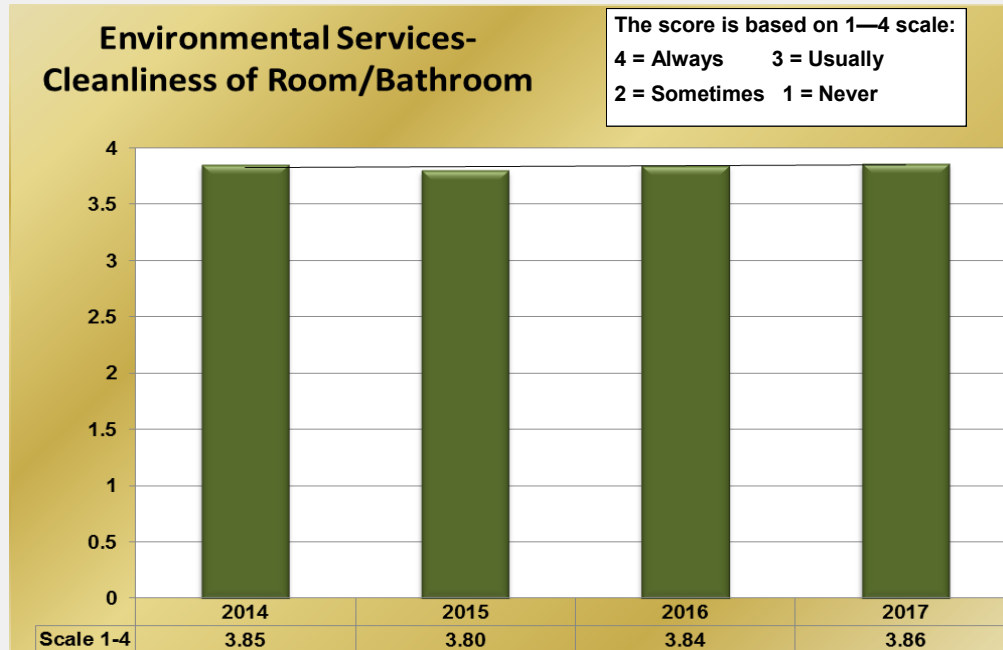
"I would like to recognize the respiratory therapist who was seen with my mother. She was very helpful and friendly, very relatable. She answered all our questions and was very elaborate in just explaining things, and she was just very personable. She put my mother at ease in a situation that was pretty anxiety inducing for her."

Patient Satisfaction Assessment

Our patients also express great satisfaction with our Environmental Services Staff and the Red Sage Cafeteria Staff as indicated with their scores.



Insight Into Action



Community Engagement

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

Community Outreach and Education:

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

Community Engagement

Community Outreach and Education (cont'd):

Whitman County Hospice
Poverty Awareness Task Force
PRH Admin/FDN Annual Holiday Gift Donation for Pullman Child Welfare
PRH Generosity Inspires
ENLEC Training
BLS
ACLS
NRP
AWHONN Fetal Heart Monitoring
Hand Hygiene Education
Crisis Prevention Intervention Training (CPI)
CPI Refresher
WWAMI Tutor Sessions
"Great Shake Out"
Code Orange Annual Training
Physician Excellence
Nurses Recognition Week
WSU Architecture Poster Presentation & Exhibit
Volunteer Appreciation Luncheon
Palouse Discovery Science Center/CLI partnership
PRH & PRH Foundation/WSU Benefit Concert
Mindfulness education
WSU Brain Fitness study & Outreach

Hospital Appreciation Week
CRNA Appreciation Week
Volunteer Appreciation Week
Flu Shot Campaign & PRH Family Flu Clinic
National Board of Advisors for Center for Learning & Innovation
Palouse Pathways
Breast Feeding Education & support groups
Support groups: Breast Cancer, Fibromyalgia, Lupus and Traumatic Brain Injury (TBI)
Alcoholics Anonymous
INBC

Student Programs:

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



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

Nikki Nolt took over as volunteer coordinator in 2017 and in providing administrative support to the volunteer chaplains. She worked with Dr. Early to establish a process for physician shadowing as part of our goal to support physician education. Additionally, she initiated direct patient care training for volunteers conducted by Susan Rammelsberg, RN, MSN, and funded by the Auxiliary.

Total hours given by volunteers (community and student) in 2017 were 15,583 which equates to \$359,940 in dollars and 7.79 in full time equivalents.

GenerosityInspires

The Generosity Team awarded 11 staff members GenerosityHeals funds totaling \$5,184.76 in 2017.

Gift Garden: Diane's Gift Garden ended the year strong with \$103,731.00 in sales. That is \$44,056.90 increase over 2016!



Community Engagement

Community Engagement Metrics for 2017:

(please see complete list of all community outreach/engagement activities by Pullman Regional Hospital)

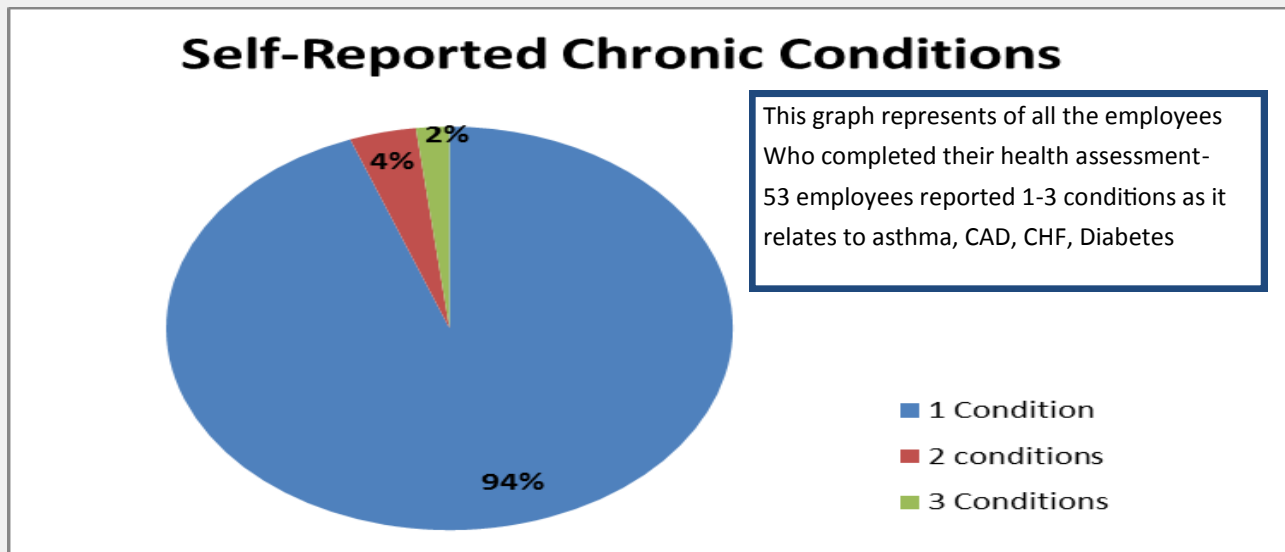
Performance Measures	1st 2017	2nd 2017	3rd 2017	4th 2017	Year End 2017 Goal
Volunteerism					
Average number of community and hospital volunteers	127	119	129	106	120
Average number of hours per active volunteer served by community and hospital volunteers (excluding students)	26 hours	23 hours	21 hours	27.5 hours	No goal set
Storytelling					
Number of Generosity Stories published (cumulative)	2	5	9	13	20
Philanthropy					
Number of donors	311	327	323	292	no goal set

Also in 2017, the Quality Improvement Committee asked that in addition to the above community engagement measurements, Marketing/Community Relations report on digital and social media engagement metrics. This will begin in 2018.

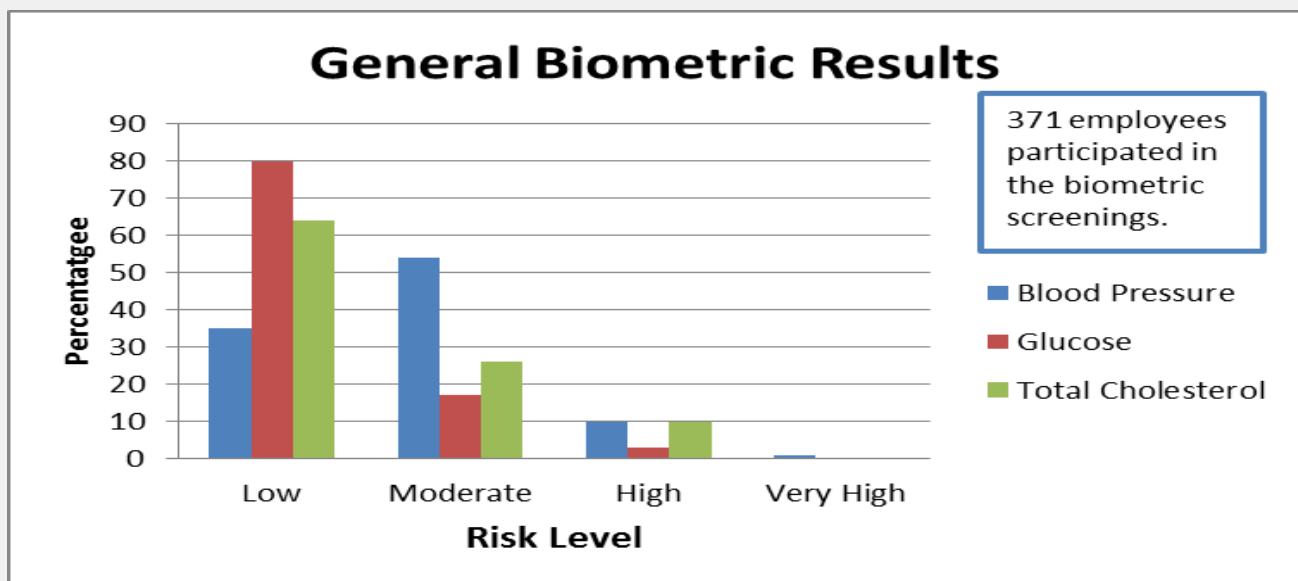


Wellness for Life

In 2017, Wellness for Life entered its 5th year. During the year, 66.8% of the eligible employees completed both the member health assessment and the biometric screening. Employees who self-reported information reported the following numbers of Chronic Conditions. The graph below represents 53 employees who reported having chronic conditions.



The biometric results for glucose and total cholesterol show that the larger percentages of employees are in the low risk range. The percentage of employees was higher in the moderate range for blood pressure.

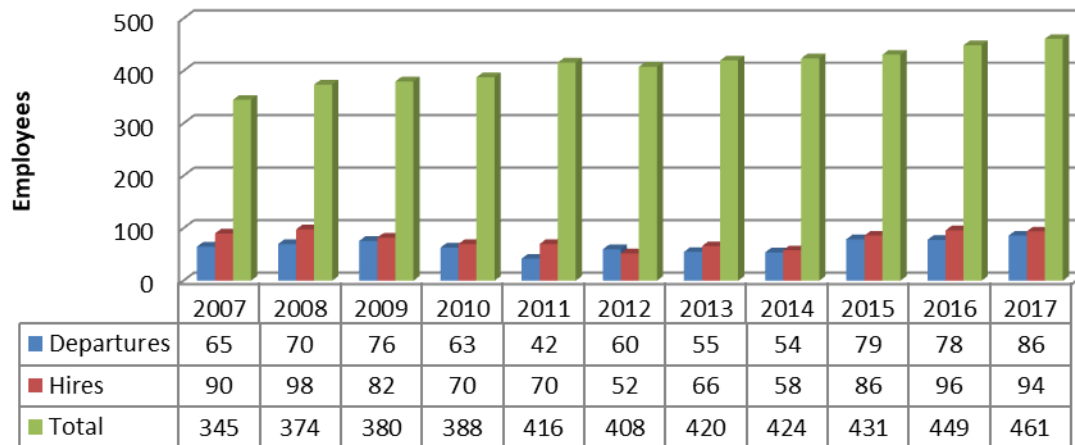


Pullman Regional Hospital has partnered with Viverae as our wellness program provider for the past five years. In 2018, the hospital will be changing wellness program providers and partnering with Aduro. Aduro is based out of Seattle, WA and has a human performance philosophy. They look at four key elements of human performance and they are: Health and Fitness, Money & Prosperity, Growth & Development, and Contribution & Sustainability. The Wellness Committee is looking forward to partnering with Aduro in 2018.

Employee Recruitment and Retention

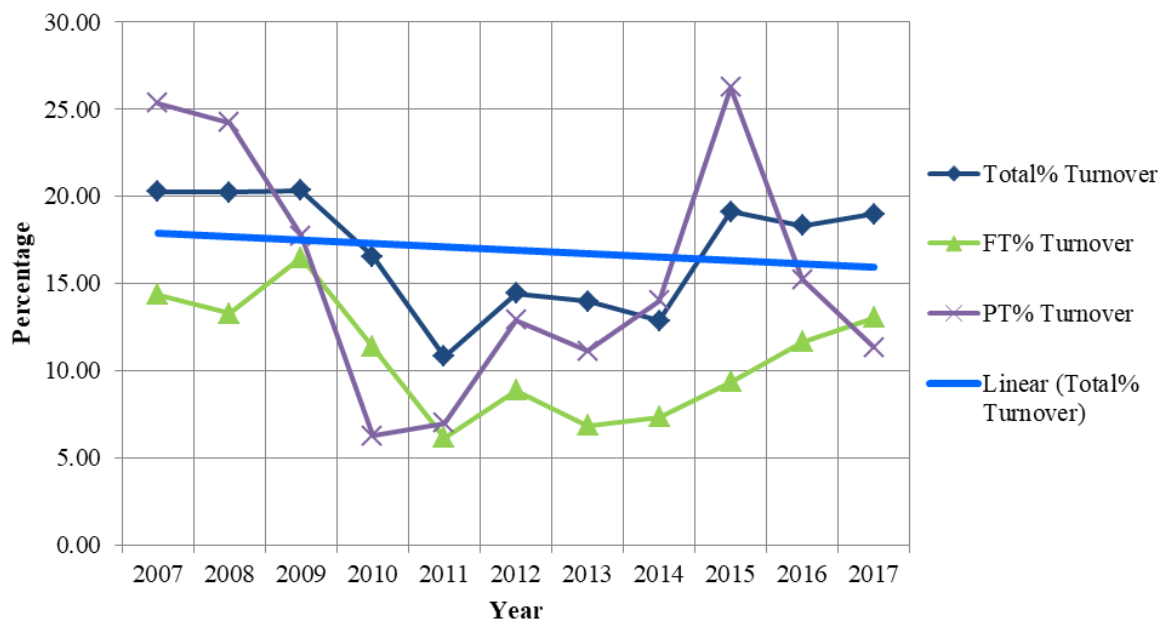
The past year was another busy year of employees joining and departing from Pullman Regional Hospital. In 2017, we started the year with 453 employees. During the year we had 94 folks join us and 86 folks who departed. At the end of 2017, we had 461 employees.

Departures, Hires, and Total Employees



With the arrival and departures, the overall turnover rate for 2017 was at 18.98%. This is fairly consistent with the past several years with 2016 turnover at 18.33 and 2015 turnover at 19.10. This has resulted in a slightly downward trend line over the past 11 years with an average turnover rate of 16.89%.

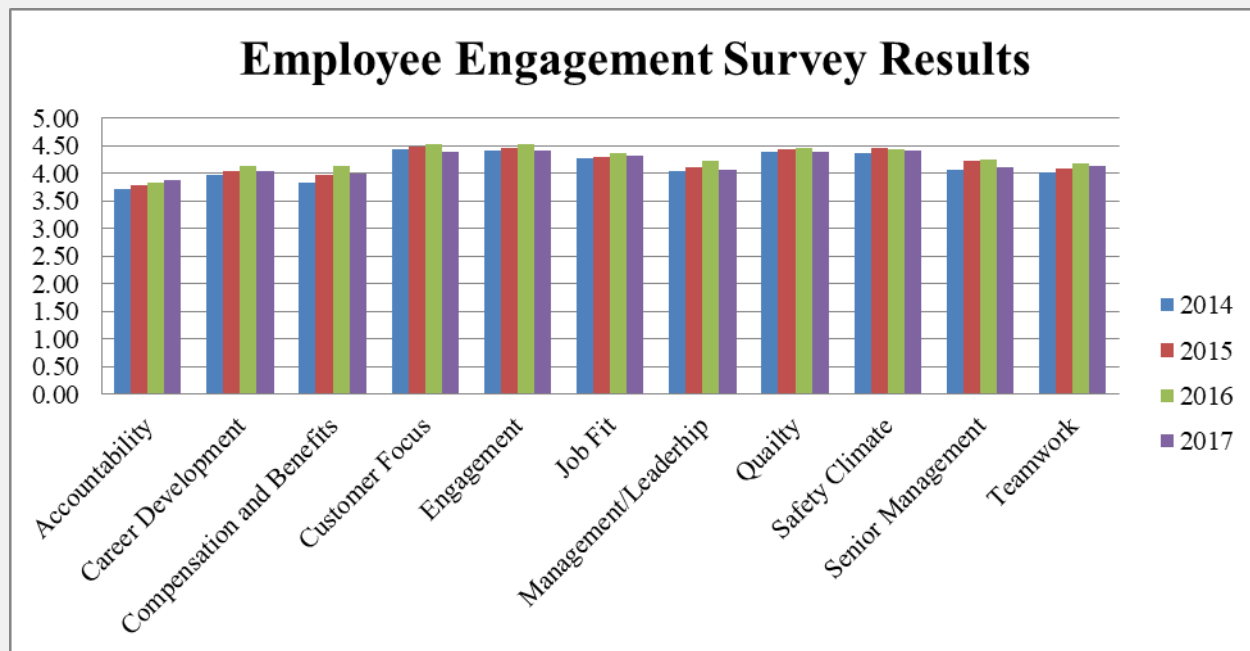
2007 - 2017 Employee Turnover %



Employee Engagement Survey

In 2017, the hospital partnered for the fourth year in a row with Strategic Management Decisions (SMD) to conduct the annual employee engagement survey. The survey ran from 10/8 to 10/27 with a goal that 80% of the employees would complete a survey. An email was sent to each employee's work email with a link to the survey. Employees accessed the survey using the link in the email and the survey took about 10-15 minutes to complete. All individual responses are confidential. The hospital and the departments only receive aggregate results.

In November, the hospital received the full employee engagement survey report and department leaders received the results for their departments. A total of 334 employees completed the survey which is a 75% completion rate. This was just short of our 80% completion goal for the hospital. Every department in the hospital had at least 50% of their staff complete the survey and 15 departments had 100% of their employees complete the engagement survey. Below is a graph showing the survey result comparisons from 2014 to 2017.



A few comments from the survey include:

"The best part about working at PRH is the people I work with".

"I love the environment and the culture. I feel that employees and even physicians respect one another on all levels".

"The patients are great to work with".

"Better insurance benefits with lower deductibles".

"Consistency in how poor performance is responded to".

"More communication and better ways to communicate within departments to keep everyone informed of all information".

Employee Engagement Survey

Key Drivers of Turnover Risk:

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

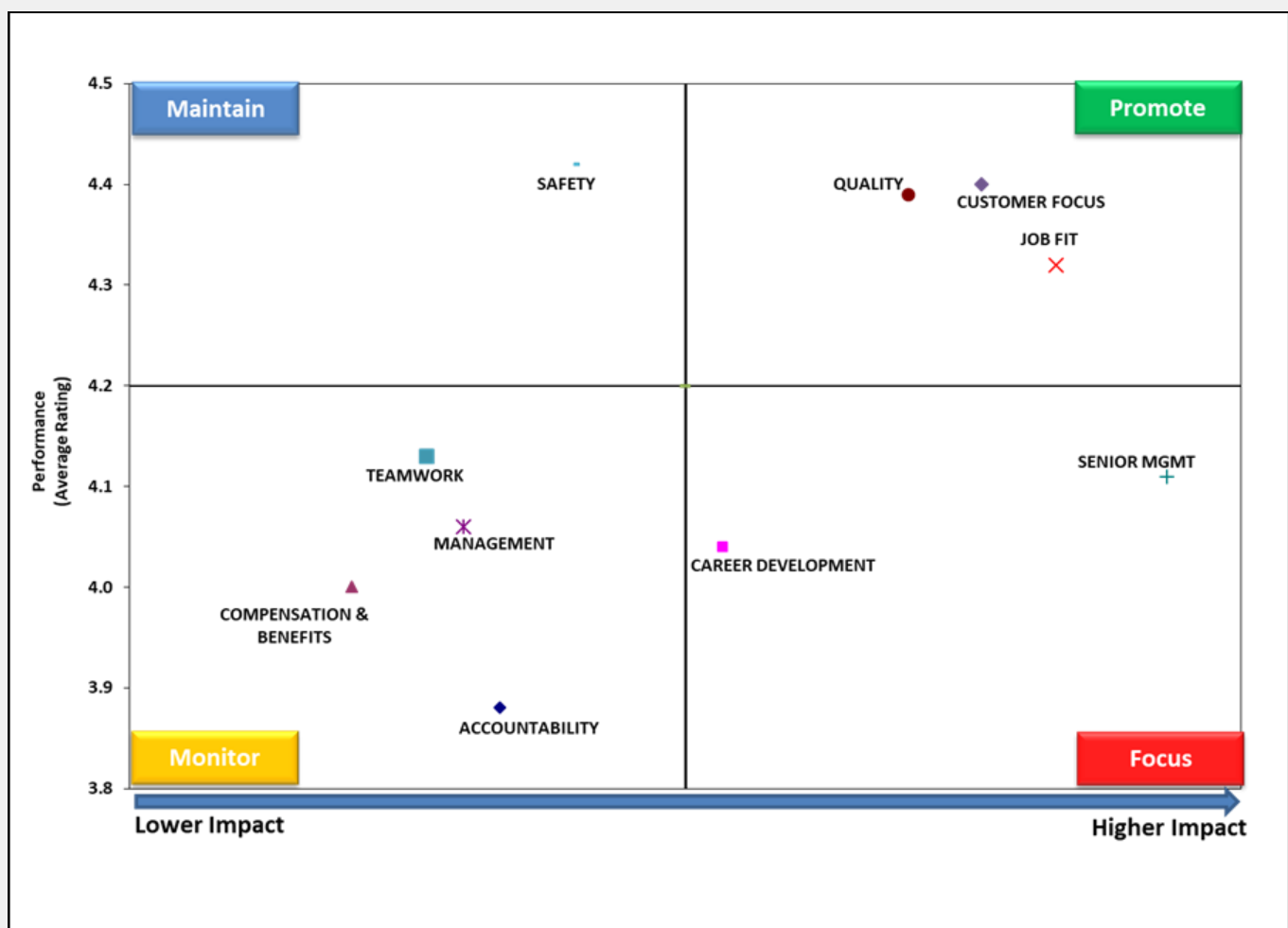
Promote: the hospital is doing well and needs to continue to promote those areas.

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

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

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

The heat map results from the 2017 engagement survey are shown below. The majority of the key drivers were now in the Monitor quadrants with three drivers in the Promote quadrant and two drivers in the Focus quadrant.



Specialty Certifications

Employee Engagement

Employee Name	Certifications	Employee Name	Certifications	Employee Name	Certifications
Scott Adams	FACHE	Sandy Frisby	AHIMA	Acacia Prather	RNC
Jennifer Anderson	ARRT(M)	Andi Gallagher	ARRT(MR)	Frances Preston	NBCOT
Kellsie Ausman	RNC	Jami Gilkey	ARDMS	Linda Rauch	RNC
Jenny Becker	RNC	Ginny Gosse	CCRN	Amy Richards	ARRT(CT)
Ginny Berg	CEN	Charles Gunkle	RNC	Erin Richardson	CDM CFPP
Nicoline Blaker	RNC	Leah Haak Beck	CDR	Ashley Rogers	RNC
Jonna Bobeck	CEN	Randy Hartig	CNOR	Izzie Roepke	RNC
Johanna Bounous	CCRN	Debbie Heitstuman	CPHQ	Anna Rubalcava	CNOR
Marilyn Burch	CDR	Rebekah Herdon	CCRN	Roseann Sargent	ARRT(CT)
Charles Butler	CEN	Jesse Holcomb	CNOR	Ben Schacher	CNOR
April Cane	ServSafe	Jamie Johnson	ARDMS	Helen Shores	ARRT/NMTCB
Brenda Champoux	ARRT(M)	Tom Johnson	ARRT(MR)	Kelly Sebold	ASHA
Lynne Cooper	CEN	Keri Jones	ASHA	Kai Seshiki	NATA
Lisa Cordodor	CNOR	Laura Keogh	IBCLC	Kate Shumaker	ASHA
Tyson Cranston	ARRT(MR)	Lyle Lowder	ARRT/NMTCB	Bill Siegwarth	ARRT(CT)
Steve Cromer	CNOR	Brigitte Lowe	ARRT(CT)	Stephanie Smick	CMSRN
Sheri Cutler	CPHIMS/CPHRM	Kim Lunsford	CNOR	Dan Swan	ARRT(CT)
Lindsay Davies	ARRT(CT)	Cathy Murphy	CAPA	Austin Swopes	ARRT(CT)
Kim Devich	CNE	Peggy Myers	ARDMS	Nicole Weiss	RNC
Heather Dixon	AHIMA	Tawny Nichols	RNC	Kaliub Whitman	RNC
Nancy Downs	ARRT(CT)	Carol Owings	RNC/IBCLC	Jaide Wilhelm	PHR
Anna Engle	ANCC	Jordan Peters	ARRT (R)	Catherine Wilkins	CEN
Renee Ewing	CEN	Justin Peters	ARRT(CT)	Betsy Wilson	ASHA
Melissa Francik	CDR/WellCoach	Darin Porter	ARRT(RRA)	Dianna Wise	RNC
Lacey Frei	ARDMS	Brian Poxleitner	ARRT(CT)		

AHIMA American Health Information Management Association	CNE Certified Nurse Educator	(M) Mammography registry in Imaging
ARDMS American Registry of Diagnostic Medical Sonography	CNMT Certified Nuclear Medicine Technologist	MNTCB Nuclear Medicine Technology Certification Board
ARRT American Registry of Radiology Technologists	CNOR Certified Nurse Operating Room	(MR) MRI Registry in Imaging
ASHA American Speech and Hearing Association	CPHIMS Certified Professional Healthcare Information and Management Systems	NATA National Athletic Trainer Association
CAPA Certified Ambulatory Perianesthesia Nurse	CPHQ Certified Professional Healthcare Quality	NBCOT National Board for Certification of Occupational Therapy
CCRN Certified Critical Care Registered Nurse	CPHRM Certified Professional in Healthcare Risk Management	NMTCB Nuclear Medicine Technology Certification Board
CDE Certified Diabetes Educator	CRCST Certified Registered Central Sterilizing Technician	PCCN Progressive Care Nursing Certification
CDM, CFPP Certified Dietary Manager, Certified Food Protection Professional	(CT) CT Registry in Imaging	PHR Professional Human Resources
CEN Certified Emergency Nurse	FACHE Fellow American College of Healthcare Executives	PNBC Pediatric Nurse Board Certified
CMSRN Certified Medical Surgical Registered Nurse	IBCLS International Board Certified Lactation Consultant	RNC Registered Nurse Certified
		ServSafe Advanced food handling Certification

2017 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.

Pathway to Excellence (PTE) is a program through American Nurses Credentialing Center (ANCC) that when implemented promotes a positive work environment. These organizations are deemed the best places to work for nurses, with high nurse satisfaction and retention. Along with increased nurse satisfaction a healthy work environment has been shown to improve patient satisfaction and quality of care. PTE focuses on six practice standards: Shared decision-making, leadership, safety, quality, well-being and professional development.

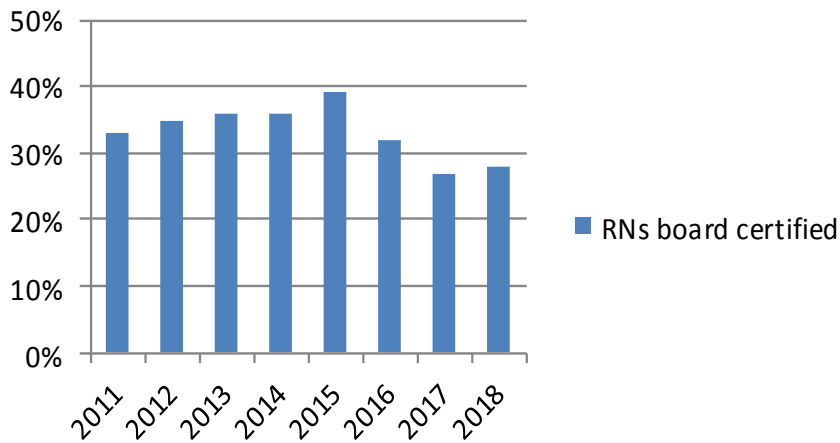


This journey for Pullman Regional Hospital began in earnest in the spring of 2017. We formed a PTE Steering committee and the hospital wide kick-off began Nurses week of 2017. Even though Pullman Regional Hospital had many of the necessary elements in place to meet the criteria of each practice standard, the steering committee identified several gaps and began working on ways to bridge these gaps. One area of focus was to develop a formal structure by which direct care nurses have a voice in their nursing practice and practice environment. Through the Unit-based councils (UBC) direct care nurses from their specific department identify projects and work to develop and implement a plan addressing each issue. There are many completed UBC projects which include: revising the orientation packet for new nurses, working with the Education Committee to identify unit-specific competencies, creating/updating the floating task list, creating a staff communication bulletin board, and many others. The UBC provides a way for nurses to transform their frustrations into accomplishments.

We believe this process will improve the already great culture we have at Pullman Regional Hospital. We hope to submit our application in the spring of 2018.

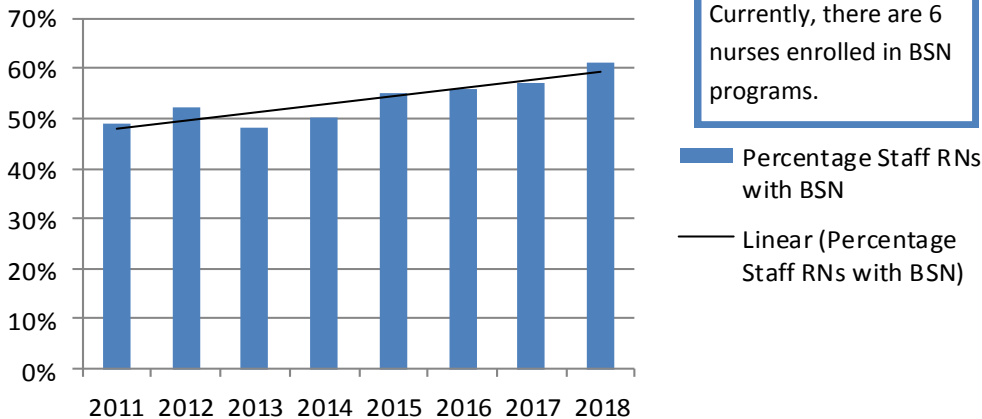


RNs board certified



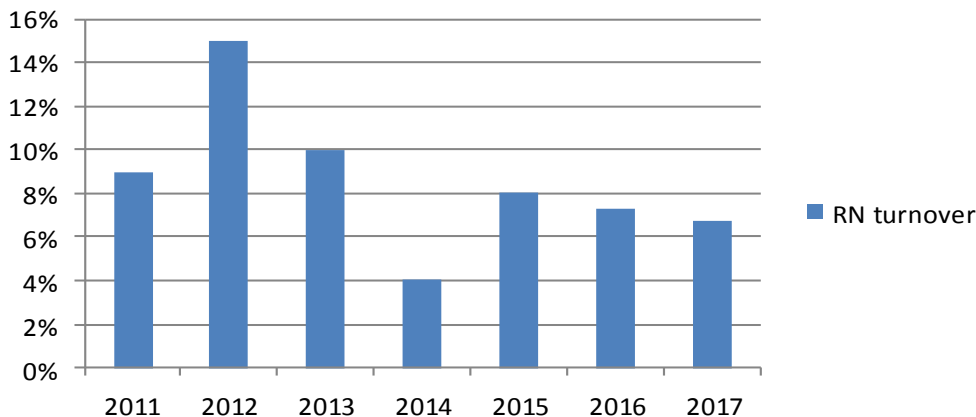
One of the components of Pathway to Excellence is professional development of the nurse. Here at Pullman Regional Hospital the staff are encouraged to pursue their BSN or Board Certifications in areas of interest.

Percentage Staff RNs with BSN



Nationally, the goal is to get hospital nursing staff to 80% BSN prepared nurses. PRH is at 61% and the national average is 51%.

RN turnover



RN turnover rate was at the second lowest period in 7 years at 6.7%.

Staff & Physician Recognition**Physician Excellence Award****Dr. Rod Story**

Physician Excellence Award: Dr. Rod Story received the annual Physician Excellence Award in 2017. Dr. Story served as a hospitalist at Pullman Regional Hospital for eight years until resigning in December. He is board certified in Palliative Medicine and Hospital Medicine. While at Pullman Regional Hospital, he achieved Fellow status in Family Medicine and Hospital Medicine. Nominations for the award were made by physician peers on the Pullman Regional Hospital medical staff.

Employee of the Year**Nancy Moore**

Employee of the Year was Nancy Moore with Environmental Services

Nurse Excellence Award went to Anna Henderson, RN, ICU

Volunteer of the Year was Sara Moore

Auxilian of the Year was Sharon Hall

Nurse Excellence Award**Anna Henderson**

New Commissioner Appointed: Margaret Werre, a retired operating room nurse from Chehalis, WA, was appointed to the Pullman Regional Hospital Board of Commissioners. She replaced Joy Drake who moved out of the area.

Leadership Development and Skill-Building

Leadership Development:

In 2017, the Leadership Development Team focused on assisting leaders with a greater awareness and understanding of “Our Commitment to Leadership Effectiveness” statements. The statement is as follows:

Effective leadership is essential in order for Pullman Regional Hospital to be true to our values as a group of people, to support our mission to serve the community, and to realize progress in achieving our vision for the future. When we provide effective leadership we will experience positive results that include the following:

We will develop a culture of continuous learning and improvement leader to superior outcomes.

We will attain organizational goals.

We will experience a high level of employee engagement which will lead to lower staff turnover and support our efforts to retain and recruit high quality physicians and hospital staff.

An expanding customer base where our level of customer satisfaction will continue to excel.

Every employee will experience the opportunity to exhibit effective leadership in the course of their responsibilities.

The five principles that support our continued work as effective leaders are:

- Mental Models
- Personal Mastery
- Shared Vision
- Team Learning
- Systems Thinking

During the leadership meetings throughout the year, one of the five principles would be introduced and shared with the leadership group. This would include an overview of the principle and an activity that would assist leaders in a greater understanding of that principle.



Leadership Development and Skill-Building

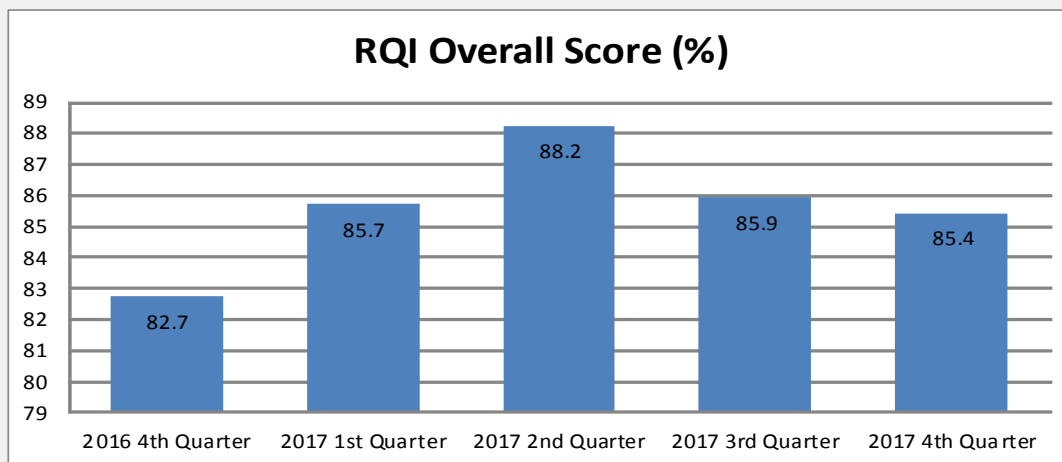
Mock Codes

To better align the annual Mock Code training with what happens in real life, the training was moved from the Skills Lab to the patient care areas of the hospital. Mock Code drills were held in the Emergency Department, Intensive Care Unit, Medical/Surgical Unit, and in the Imaging Department. To run the mock code drills an adult or infant manikin would be placed in the patient care area. An employee, who was playing the part of a family member, would yell for help that something was wrong. A code blue would be announced overhead and the folks who were attending that training session would respond. They would bring the code cart and any other supplies that were needed to manage the code. Out of those sessions, several areas for improvement were identified. Those improvement areas were assigned to appropriate individuals/groups to complete and all have been completed. The feedback from staff was positive in that it gave them practice in the actual patient care areas where a code would occur.



Resuscitation Quality Improvement (RQI)

The RQI program finished up its first year in 2017. The RQI program is a new approach on maintaining competency in CPR. The hospital has 270 employees enrolled in the Basic Life Support (BLS) course and 96 employees enrolled in the Advanced Cardiac Life Support (ACLS) course. The RQI program has employees completing quarterly CPR skills to maintain their competency with these skills. Since the implementation of the RQI program, the employees have completed five quarter of skills and the following are the overall scores percentage. The overall score is a compilation of the Compression Score and the Flow Fraction Score. The goal for this overall score is 75% or higher and our employees have exceeded that score since the inception of the program.



HealthStream Learning System

The hospital's agreement with HealthStream was up for renewal in the summer of 2017. Prior to that renewal, we invited folks from HealthStream to come to Pullman Regional Hospital to demonstrate the different products that they provide through their suite of services. Some of the products the hospital is currently using such as the regulatory courses and other were new products such as HIPAA compliance. After the demo and with feedback from the staff who attend, the hospital made the decision to move forward with a renewed 3-year agreement with HealthStream. This partnership will continue to allow staff to complete the required courses that are needed for their positions.

A YEAR IN REVIEW – 2017

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:

- 466 Full-time (287) and Part-time Employees (179)
- 157 Medical Staff (64 in active membership)

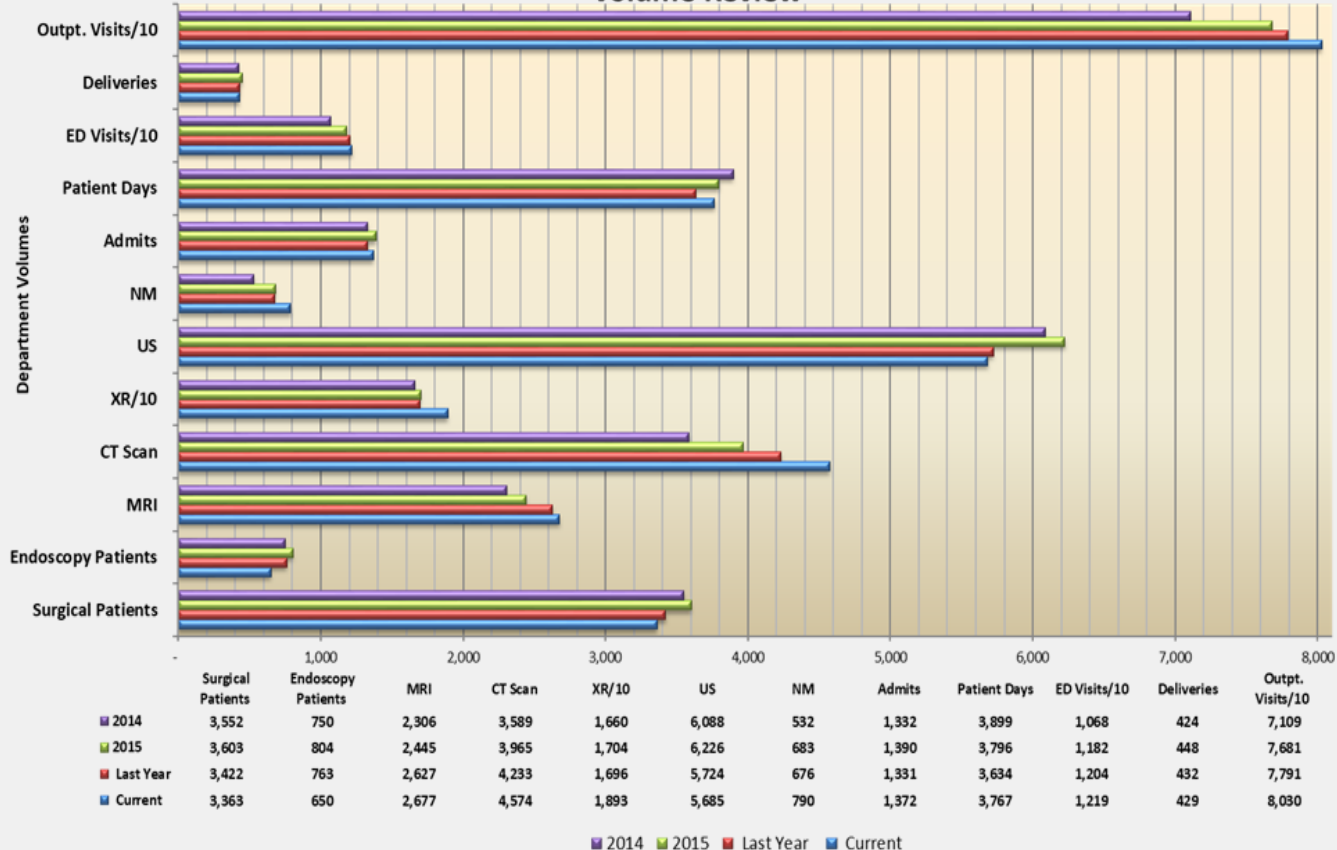
As a team we served:

- 1,801 Men, Women, Children, & Newborns as inpatients
- 80,300 Individual outpatient visits
- 42,804 Clinic visits

That Totals:

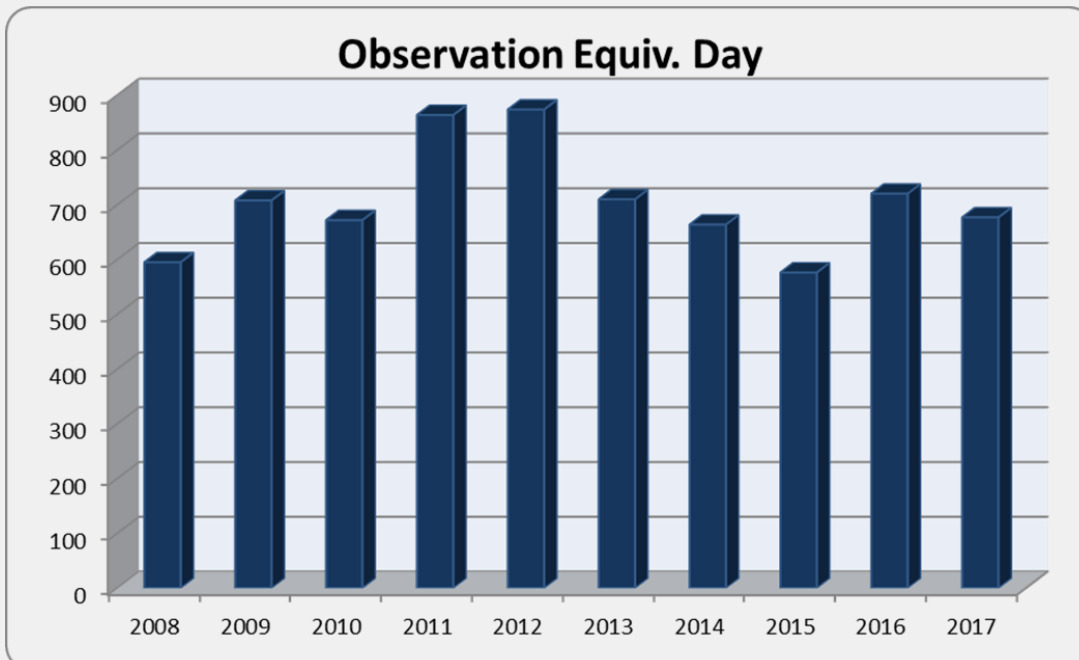
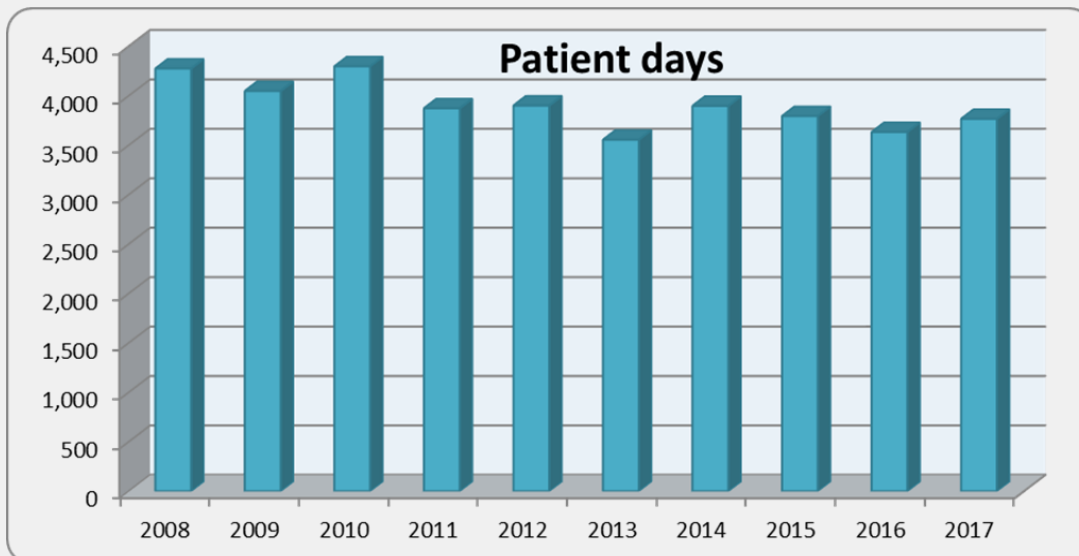
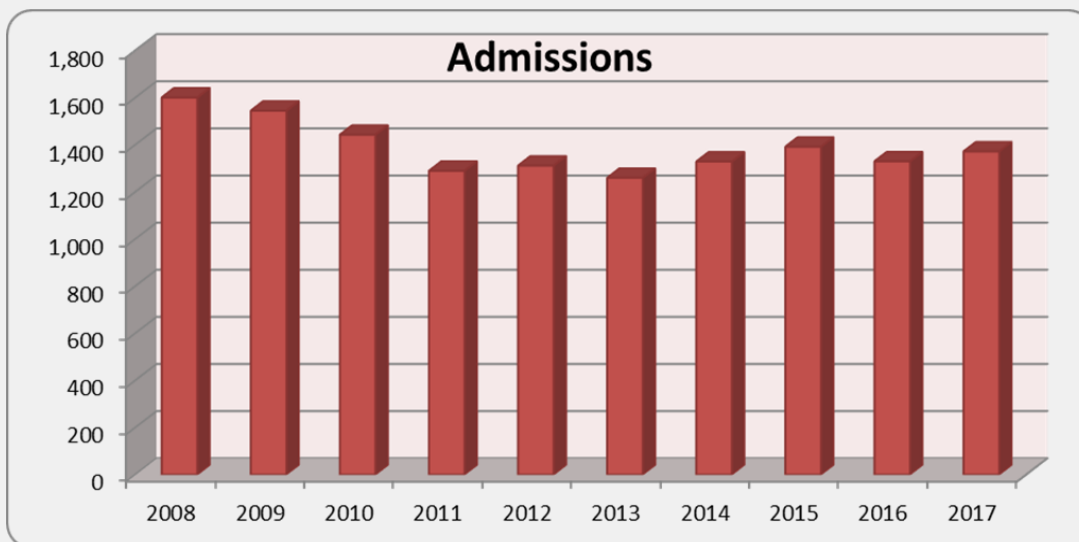
- 4,600 Patient Days (including newborns)
- 429 Births at the hospital
- 677 Equivalent Observation Patient Days
- 16,250 Observation hours of care
- 12,188 Patients entered our Emergency Department
- 99,570 Laboratory tests were performed
- 32,652 Diagnostic Imaging studies completed
- 4,013 Surgical patients, 84% surgical vs. 16% endoscopy

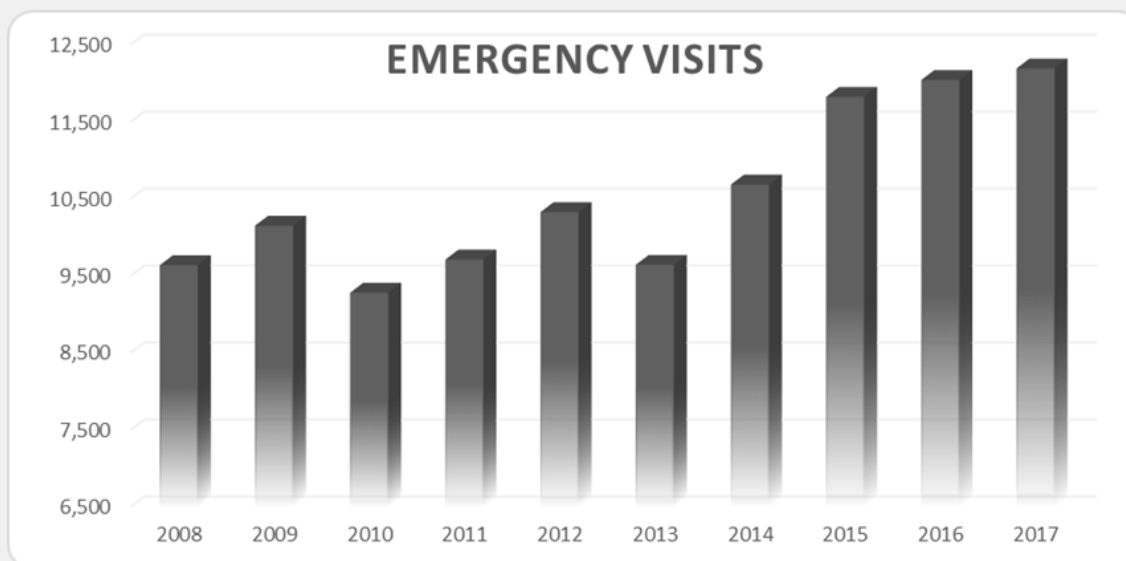
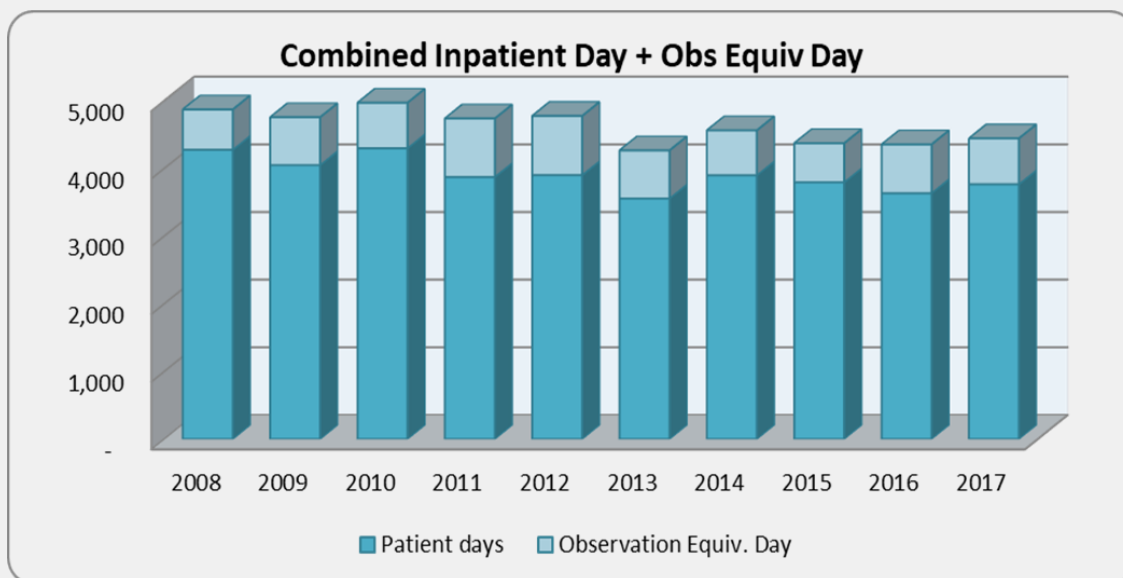
Volume Review

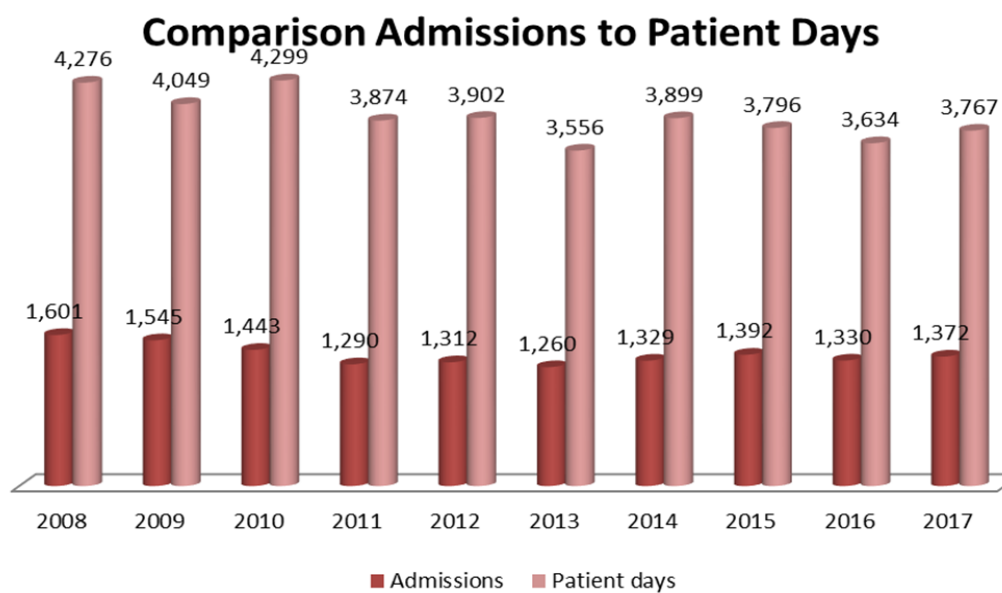
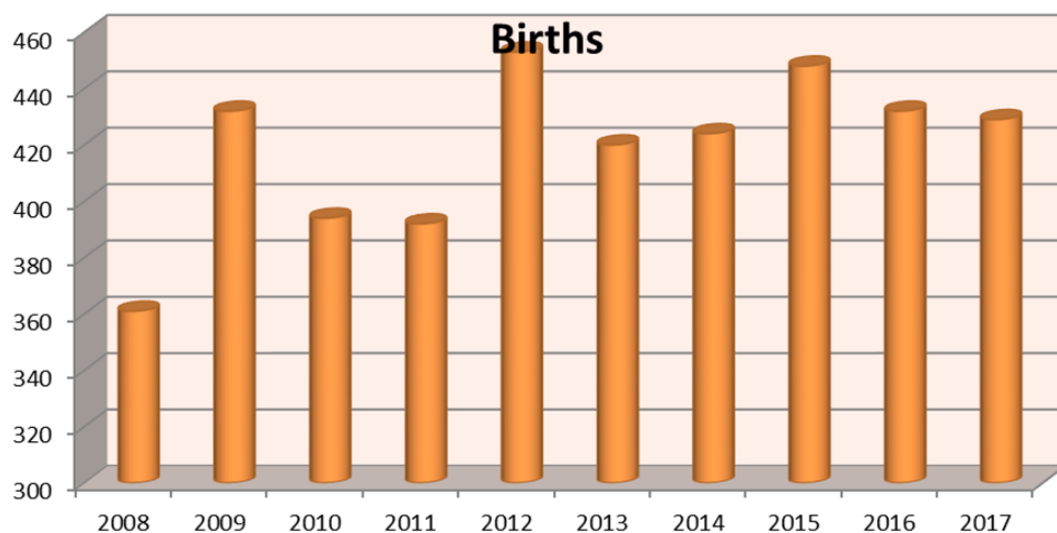
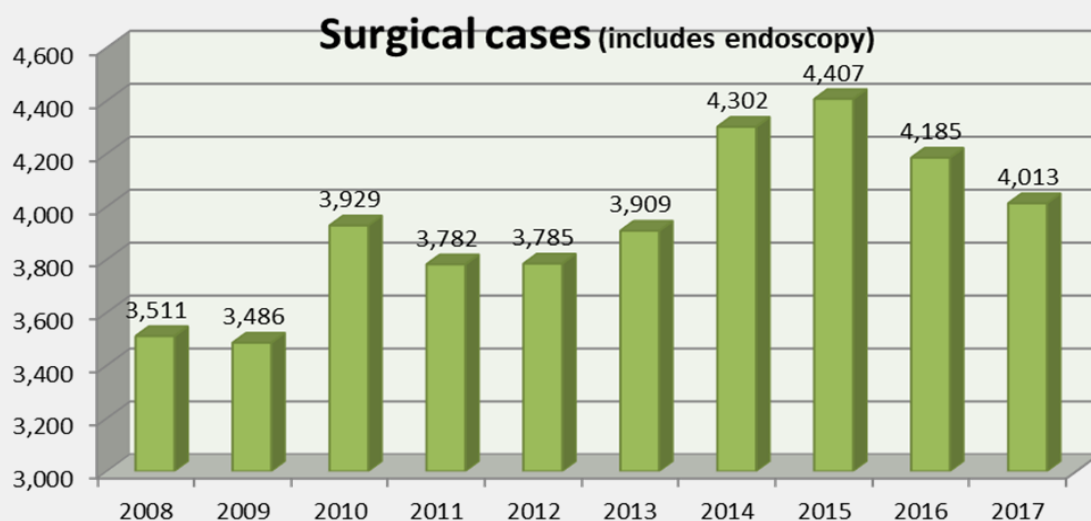


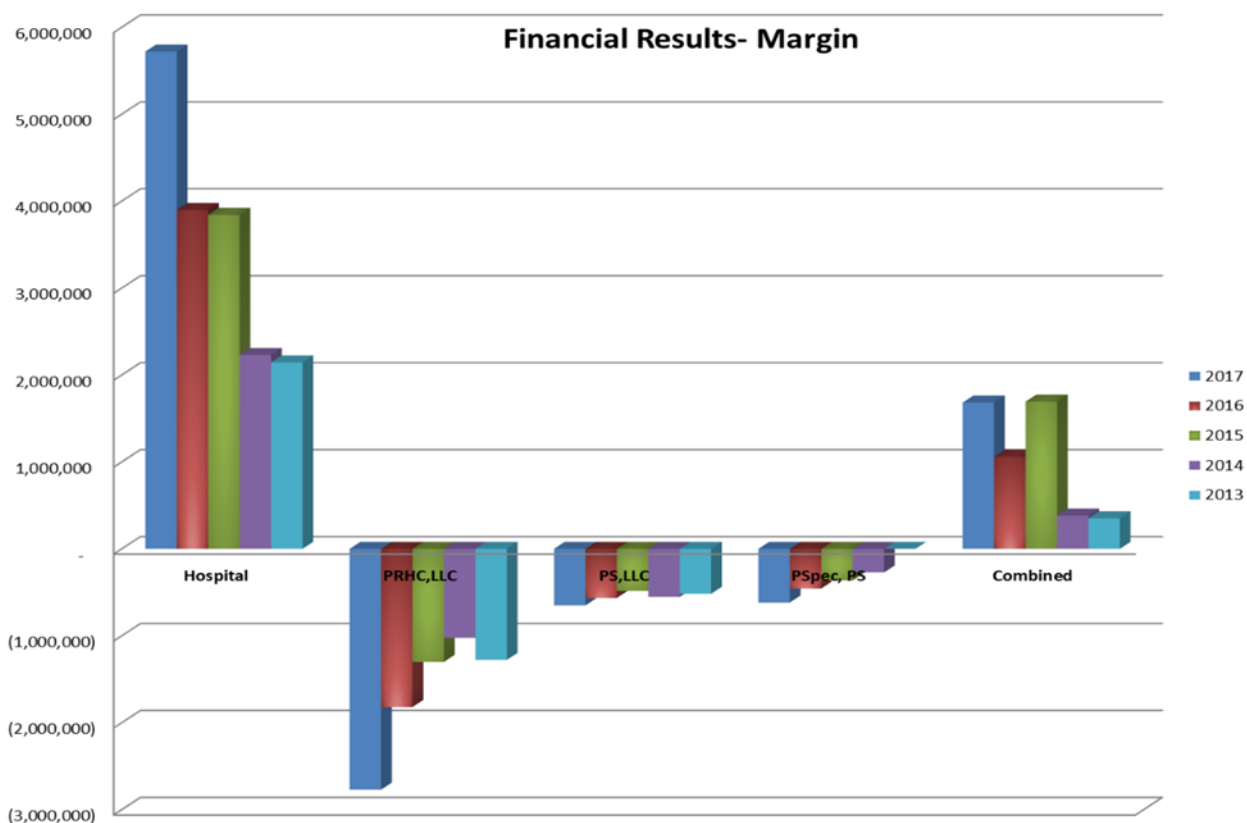
TOTAL MARGIN











Pullman Regional Hospital	2013	2014	2015	2016	2017
Patient Days	3,556	3,899	3,796	3,634	3,767
Patient Admissions	1,260	1,329	1,392	1,330	1,372
Surgical Cases (including endoscopy)	3,909	4,302	4,407	4,185	4,013
Births	420	424	448	432	429
Observation Hours of Care	17,040	15,931	13,832	17,286	16,250
Diagnostic Imaging	26,548	29,114	30,357	30,220	32,652
Emergency Visits	9,637	10,680	11,818	12,038	12,188
Laboratory Tests	86,492	90,218	93,924	96,636	99,570
FTEs	323	324	328	350	362

Partnerships for Patients



Partnership for Patients

Pullman Regional Hospital joined Partnership for Patients, a nation-wide 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. The Key displays all of the areas that we are reporting to the State on performance measures and tracking for Pullman Regional Hospital

Monthly, we are submitting information to WA State regarding our performance on the key strategies as listed below. As areas are identified that we are not meeting the indicators or falling below national standards these areas are reviewed further for processes or educational opportunities. This will continue to be an ongoing focus for 2018 and bringing forth best practice standards for our patients.

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



LCSC Clinical Faculty Agreement

LCSC Clinical Faculty Agreement

In 2016, Pullman Regional Hospital developed a partnership with Lewis and Clark State College (LCSC) which allowed a Pullman Regional Hospital RN serve as a clinical faculty member for nursing students doing a clinical rotation at Pullman Regional Hospital. This partnership was initiated to address several concerns:

- LCSC was having difficulties recruiting faculty
- Pullman Regional had experienced some concerns with faculty that weren't familiar with the hospital policies, practices, and people.
- Pullman Regional Hospital had several RNs that were interested in teaching in a nursing program.

In 2017 Pullman Regional Hospital used this agreement for nursing students three twelve hour shifts per week for both spring and winter semesters. Four hospital RNs have participated in the clinical faculty position, while they have maintained their clinical position at the hospital. The nurses' that worked in this capacity in 2017 came from clinical informatics, BirthPlace, Medical-surgical unit and utilization review. Twelve hours of their regular profiled hours each week are dedicated to the faculty position, during the school year. They are paid at their regular rate of pay and LCSC reimburses the hospital an agreed upon flat fee for these hours. The flat fee is less than any of these RNs are paid and to make up for that difference, LCSC provides Pullman Regional Hospital 2 free credit vouchers for each faculty each semester. The hospital then provides these tuition vouchers to employees that are attending LCSC.

These credit vouchers may be applied to any LCSC credits with priority given in the following order; RN's attending LCSC for their B.S.N., Employees attending LCSC as entry into the Nursing Program, Employees attending LCSC into any additional Baccalaureate Educational Program, or Employees attending LCSC for a C.N. A. program

The benefits of this partnership have been tremendous, including:

- Improved student clinical experience
- Improved hospital staff satisfaction
- Improved patient safety
- New development opportunities for hospital RNs to participate in the education of nursing students

In 2017, eight employees were awarded free tuition credits to attend LCSC. Twelve free credits were awarded, which is the equivalent of \$3756.00 that Pullman Regional Hospital didn't pay in tuition reimbursement. The excess of what the hospital pays the nurses versus what LCSC pays via the contract and the tuition credits varies based on what the hourly wage of the nurse is. In 2017, the hospital paid an additional \$10,000.00 for the two semesters. Because of the benefits identified above, we feel this additional cost is well worth it!

Clinical Informatics

Meaningful Use

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 2017. 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, 2015, 2016, and 2017. Finalized MU Stage 3 objectives were released in the fall and plans are underway to meet those objectives. Recent notifications from the Office of the National Coordinator reports that MU Stage 3 requirements have been delayed and are now required in January 2019.

Quality Payment Program (QPP)

Pullman Regional Hospital participated in the Quality Payment Program offered by CMS (Medicare) which focuses on care quality. The Merit-based Incentive Payment System (MIPS) is the track that we chose which will provide a performance-based payment adjustment to our Medicare payment. This payment is based on evidence-based and practice-specific quality data. Pullman Regional Hospital will show through these measures that we provide high quality, efficient care supported by technology. Information was submitted in the required categories of Quality, Improvement Activities, and Advancing Care Information (previously known as Meaningful Use measures).

Six (6) measures were chosen that were applicable to the provider specialties for whom we report; Emergency Department (ED) providers and hospitalists. Clinical Informatics team collected performance data for each measure and reviewed with ED and hospitalist leaders on a quarterly basis. At the end of 2017, the entire years' amount of data was submitted to the QPP website. The expectation is that Pullman Regional Hospital will receive a positive payment adjustment based on our overall MIPS score. Medicare will provide feedback about our performance in 2nd Quarter 2018.

New EMR Search

Beginning in late summer 2017, we began the process of searching for a replacement Electronic Medical Record (EMR) system. The goal is to obtain interoperability and connectivity among the hospital and physician ambulatory clinics, providing one shared medical record for patients, allowing smooth continuity of care and an overall safer system. A consultant company was contracted to assist with this monumental task. The three systems chosen for consideration are Meditech, Cerner, and EPIC (through Providence hospital systems). These are the top 3 companies that provide EMR systems and services to hospitals and physician clinics throughout the United States and Canada. We began the search by viewing vendor led demonstrations for the many different departmental processes in the hospital and clinics. Department leaders, physicians, and end users attended several demo sessions and provided feedback via evaluation forms developed by our consultant. Additional demos will be completed in early 2018 followed by telephone reference calls and some site visits. Contract negotiations will take place with consultant guidance and a final decision will be made by the selection committee in 2nd quarter 2018.

Information Technology

Pullman Regional Hospital's Information Technology Department continues to advance the security of our electronic systems with hardware and software upgrades. In 2017 brought many advancements including:



- **Sophos AV & Encryption:**
We switched antivirus vendors from AVG to Sophos – one of the benefits was to be able to encrypt our laptops for better security.
- **PFM integration:**
We merged the Pullman Family Medicine domain into ours, freeing up resources and increasing efficiencies in network management.
- **Added cardiology practice:**
Set up tech to allow Dr. David Jones to practice cardiology within the org – Office and Reading station computer setup, dictation and Echo reading software.
- **Built out Avamar and data domain farm - our new backup platform**
- **Upgraded all high-level network switches in each closet:**
- **Annual HIPAA risk assessment:**
We had our yearly HIPAA risk assessment. Purchased the Nessus Network Vulnerability solution to pre-emptively scan our internal and external network for weaknesses, which we can then mitigate.
- **Increased Network bandwidth for both internal and guest networks**
This allows us to provide better service to PRH staff and guests alike.



Our IT Department also continues to be an educational resource for staff by encouraging safe browsing and informing all staff members of security threats not only as they pertain to their work at the hospital, but also in their personal lives.

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 tenth time Pullman Regional Hospital has received this award (2007-2016).

Care Coordination

Advanced Care Planning

Our ACP team led by Jessica Rivers received 172 referrals in 2017. 88 of those referrals were a result of the ongoing collaboration with Dr. Adkins at Pullman Family Medicine, 54 were from other physicians and hospital patients, and 30 were self-referrals. Of those referrals 96 resulted in ACP documents being given and 45 of them were in person facilitations with one of our trained volunteers.

The ACP team collaborated with Friends of Hospice for National Health Care Day of Decision and hosted a public viewing of the film *Being Mortal*. The film was followed by a panel discussion with two local physicians and three ACP facilitators. Approximately 70-80 community members attended this event.

Circles of Caring

In Pullman Regional Hospital's ongoing collaboration with Circles of Caring Adult Day Health we have a care coordinator at COC 20 hours a week. Jessica Rivers facilitates participant support groups, social emotional support and resource and referral assistance to participants and their care givers.

Critical Incident Stress Management

The CISM team started in 2014/2015 as a way to provide the Pullman Regional Hospital staff an opportunity to debrief and heal from stressful incidents related to their work. In 2017 the team used some very creative ways to increase staff support and become more accessible through out the hospital.

In 2017 the CISM team:

- Held 4 debriefings
- Created the Cart of Presence
- Had self-care snacks sent to the MSU/ ICU breakroom 3 times
- Had 4 new staff members trained in Individual interventions



Financial Counselor

Our financial counselor, Carol Carney, provides information and assistance to anyone with insurance or billing questions. Carol meets with patients who have been identified as self-pay and works with them to determine if they are eligible for insurance coverage through Washington Apple Health, if they are she helps them enroll online which offers retroactive coverage to the beginning of the month. This ensures payment for services received and greatly reduces the anxiety of our patients resulting in better health outcomes. If an individual does not qualify for medical insurance she discusses our Financial Assistance Program and assists with the completion of that application.

Health Homes

In December of 2014 Pullman Regional Hospital contracted with Aging and Long Term Care of Eastern Washington to provide Health Home services to the residents of Whitman County. Over the course of nearly 3 years the program served Medicaid recipients with chronic health conditions and complex social situations. In 2017 Rural Resources contracted with Medicaid insurance providers to provide the Health Home program in our area and we chose to work in support of them and transitioned all of our enrolled participants to them knowing they would continue to receive excellent care. We continue to collaborate closely with Rural Resources.

Utilization Review

In 2017 the UR department started using Med Management to assist with patient status questions and appeals of insurance denials. Contracting with this company has streamlined the UR process and decreased wait times for results on appeals. It has also resulted in savings of over \$20,000 in 2017. The focus for utilization review was on proper use of Outpatient Observation versus Inpatient Status. In 2018 the focus will be on review of Total Knee surgeries and the effect on being done as an outpatient versus inpatient and the documentation surrounding these surgeries. Another focus will be on readmissions and making sure there is good coordination of care and teaching being done at time of discharge and follow up with patients primary care physician to assist in the transition of care practices.

Integrated Care

We have clinicians offering integrated mental health care in 3 clinics. Leslie Robison, PhD is providing co-located care at Palouse Medical, Jeana Boyd, LICSW at Pullman Family Medicine and Elizabeth Hillman, LICSW is at Palouse Psychiatry and Behavioral Health. Co-located care allows patients to be seen by both their primary provider and a mental health specialist in one location which has been shown to improve health outcomes.

Internship Opportunities

The Social Work department offers two levels of internships; bachelors level social work extender internships to Human Development students at WSU and Masters level internships to Masters of Social Work students from universities all over the country. We are able to provide a unique experience to students who not only get to work in the hospital setting alongside masters level social workers, but in underserved community settings as well. Our interns provide social support and engagement to residents at local assisted living facilities and at Circles of Caring.

Doctoral level students from WSU are able to receive specialized training with our Health Psychologist doing individual counseling and inpatient assessments.

Accountable Care Organization (ACO)

Pullman Regional Hospital began the effort in 2017 to become part of an Accountable Care Organizations (ACOs). The culmination of those efforts resulted in a launch into our ACO in January 2018. The goal of an ACO is to deliver seamless, high quality care for Medicare beneficiaries, while improving quality and lowering costs. The ACO would be a patient-centered organization where the patient and providers are true partners in care decisions. We have agreed to participate for at least 3 years, meet other program requirements such as a governing body, processes to promote evidence-based medicine, promote, patient engagement, internally report on quality and cost measures, and coordinate care. Our ACO consists of:

ACO		
Guam Seventh-day Adventist Clinic	Tamuning	GU
Lake Health District	Lakeview	OR
Lake Chelan Community Hospital & Clinics	Chelan	WA
Pullman Regional Hospital	Pullman	WA
Mid-Valley Medical Group	Omak	WA
Cavalier County Memorial Hospital	Langdon	ND
Melissa Memorial Hospital	Holyoke	CO
Keefe Memorial Hospital	Cheyenne Wells	CO
West River Health Services	Hettinger	ND

Center for Learning and Innovation

Center for Learning and Innovation

The Center for Learning & Innovation (CLI) continues to stimulate employees to think creatively and build strong partnerships in the community. In 2017, the CLI launched an app, assisted in faculty research, and expanded collaborations.

Speech Sounds Visualized, an app developed in partnership with Keri Jones, Pullman Regional Hospital Speech Language Pathologist, uses moving x-rays along with auditory and written instruction to assist people with English pronunciation. This innovative approach became available in the iTunes app store December 2017.

The Community Health Impact Fellowship Program's inaugural year yielded three faculty awardees. Dr. Hassan Zadeh, Dr. Bidisha Mandal and Dr. Lei Li developed successful partnerships with Pullman Regional Hospital department staff to further their research. Pullman Regional Hospital continues to look for new ways to build upon the great resource we have in Washington State University.

Through expanding education outreach and building new collaborations with area businesses, the Center for Learning & Innovation is having an impact on our community. In 2017, the Center for Learning & Innovation partnered with the Palouse Discovery Science Center to provide education and inspire youth through an interactive exhibit. In addition, outreach efforts were expanded by offering new community education classes such as the Aging Mastery Program for seniors.

2017 brought many changes and progress for the Center for Learning & Innovation. We continue to grow and look for new ways of improving healthcare and promote health education in our community



Whitman County Health Network

Throughout 2017 the Whitman County Health Network continued to identify and support efforts that addressed issues related to the Network vision of:

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

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



Again, this year's efforts continued to address the integration of physical medicine with behavioral health services, the expansion of care coordination, a cooperative effort with the Yakima Valley Farm Workers to establish a dental and medical clinic in Pullman, and collaborative work with the Pullman School District to expand capacity to address issues related to adverse childhood events (ACEs) through trauma informed practice (TIP). The Network formalized its relationship with the Greater Columbia Accountable Community of Health and began to explore funding options to support the work of the ACH and the Whitman County Health Network.

Northwest Rural Health Network

In 2017 the Rural Health Network developed some joint contracts for the benefit of Network members. Notable amongst these contracts are the following services:

- Outpatient telepsychiatry
- 340B consulting services
- Comparable quality and operational reporting metrics
- Partnership with the Washington Governors University for on-line degree education for hospital staff members



Orthopaedic Excellence

Orthopaedic Center of Excellence

Annual Report 2017

This joint effort between Pullman Regional Hospital and Inland Orthopedics continues to solidify our orthopedic emergency call coverage with 24 hours per day, 7 days a week guaranteed coverage from Inland Orthopedics and Sports Medicine. The service has been timely, responsive, and dependable. Other orthopedic patient care activities in the hospital have been equally attentive, collaborative, and high quality in their outcome.

Additionally, we have conducted four steering committee meetings with each attended by all six members of the committee (Dr. Tingstad—chair, Dr. Pennington, Dr. Jacobsen, Scott Adams, Jeannie Eylar, Ed Harrich).

Our attention for developing opportunities for improvement continues to focus on:

- Patient Experience
- Physician Recruitment
- Quality/Process Improvement
- Expanding Services

These four areas of focus continue to form the work plan for the Orthopedic Center of Excellence for the coming year. Specific efforts developed in 2017 include:

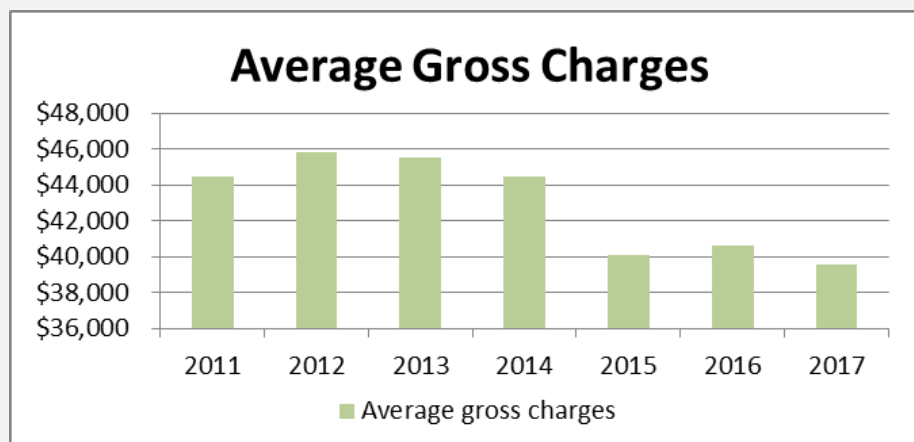
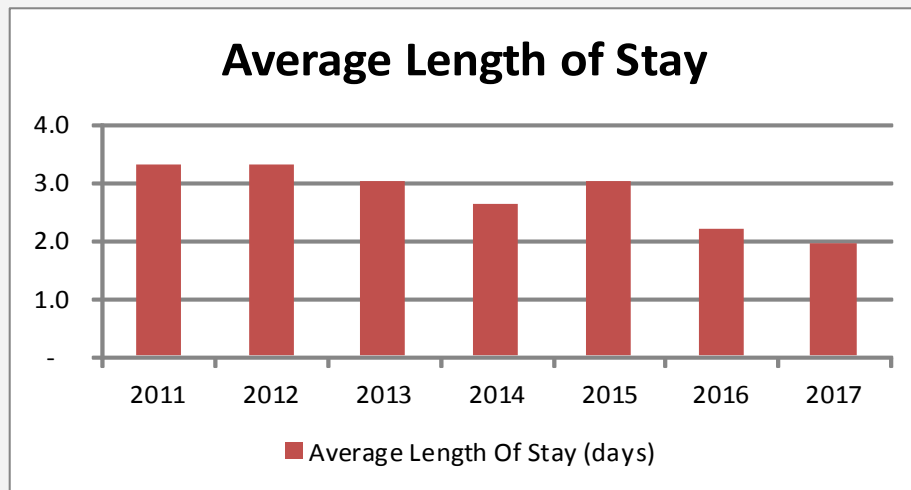
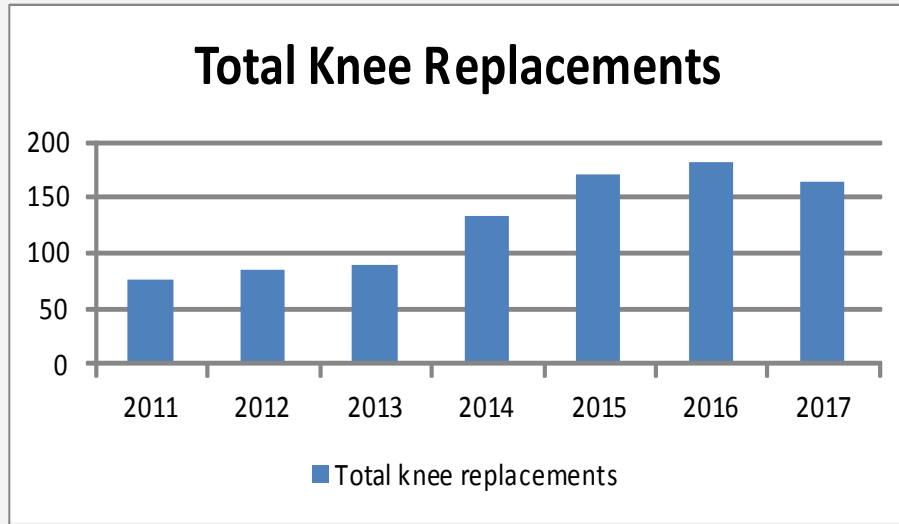
- Orthopedic care coordinator
- Regional High School Athletic Training Program
- The addition of Dr. Kyle Hazelwood to Inland Orthopedics practice
- The introduction of anterior hip replacement surgery



These four areas of focus continue to form the work plan for the Orthopedic Center of Excellence for the coming year. Specific efforts developed in 2017 include:

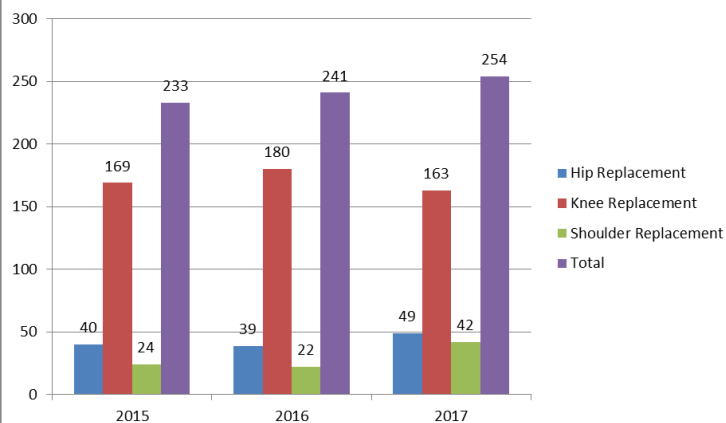
- Orthopedic care coordinator
- Regional High School Athletic Training Program
- The addition of Dr. Kyle Hazelwood to Inland Orthopedics practice
- The introduction of anterior hip replacement surgery

Data Related to Total Knee Replacement Surgery

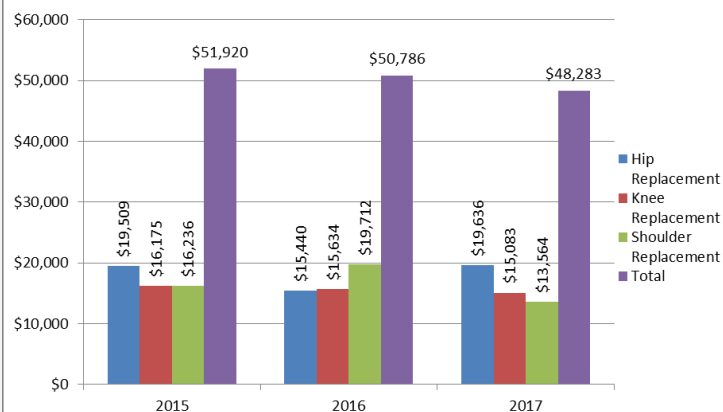


Orthopaedic Excellence

Total Joint Replacement 2015-17



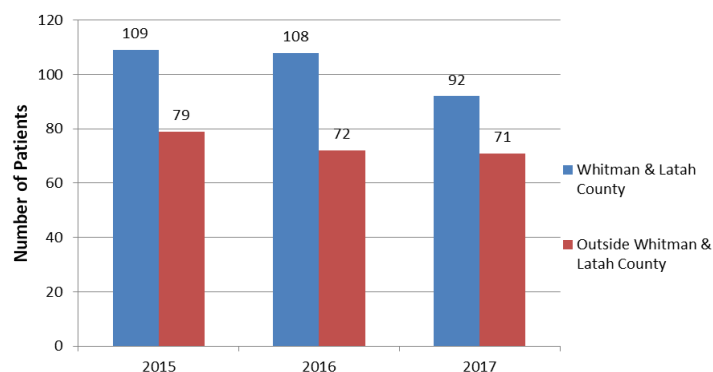
Reimbursement For Total Joint Replacements



Length of Patient Stay for Total Joint Replacement



Total Joint Replacement Demographics



Orthopaedic Excellence

Orthopedic Excellence

During the second year of activity in the Orthopedic Center of Excellence, we have made strides in the areas of collaborative programming with the establishment of an Orthopedic Care Coordinator position, and with the implementation of the Regional High School Athletic Training Program.

Orthopedic Care Coordination

In an effort to make improvements in the area of patient experience, Maile Keller, Physical Therapist Assistant and long-time employee of Pullman Regional Hospital, was appointed in a new role as the Orthopedic Care Coordinator. Her goal is to help bridge communication between patients, the Orthopedic Surgeons and the hospital employees.



This year Maile has continued to develop and improve upon a comprehensive multi-media education program titled, Total Joint Preparation Class. This class is held once a month, is targeted at people who already have their total joint replacement surgery scheduled, or for those who are contemplating surgery in the future. She not only provides information unique to Pullman Regional Hospital, but also has many members of the Orthopedic Care Team available at the end of each class for individual participant engagement. This includes members from Physical Therapy, Occupational Therapy, Nursing, Medical Nutrition, Social Services, Patient Financial Services and Pharmacy. The team spends time speaking with anyone who has questions about their unique medical condition and can assist with guidance for discharge planning and financial and insurance concerns. The Orthopedic Care Team follows up personally by phone with any class participant who requires additional information in the time leading up to their surgery.

The number of total joint replacements has increased 5% from 241 in 2016 to 254 in 2017. The average length of stay continues to decrease and is down 16% from 2.19 days in 2016 to 2.03 days in 2017. With the decrease in length of stay also comes a decrease in overall reimbursement. Reimbursement is down 5% from an average of \$50,786 in 2016 to \$48,283 in 2017. This decrease is attributed to increased focus on streamlined pre-operative education and continued teamwork and efficiency by the entire total joint replacement team.

Although 56% of our patients coming for total joint replacements live in Whitman and Latah County, the additional 44% come from the Lewiston/Clarkston Valley and beyond.

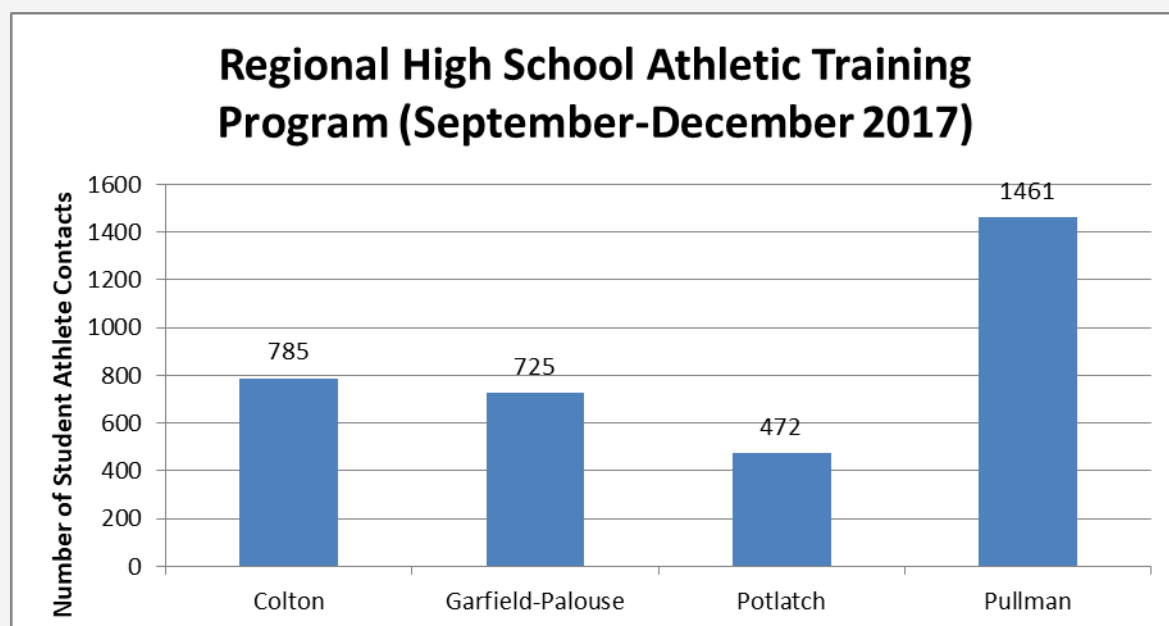
Orthopaedic Excellence

Regional High School Athletic Training Program

What started as a vision by Dr. Ed Tingstad and Dr. Stephen Pennington in early 2017 has culminated in the reality of successfully implementing the Regional High School Athletic Training Program (RHSATP) in August of 2017. This vision was to build a sustainable, long-term, comprehensive athletic training program that places a full time Certified Athletic Trainer in each school, and to allow athletes to have timely access to evaluation and treatment for orthopedic injuries. This program is sponsored by the Orthopedic Center of Excellence at Pullman Regional Hospital with physician champions Dr. Tingstad and Dr. Pennington and in partnership with Pullman Regional Hospital Foundation, Pullman, Colton, Garfield-Palouse and Potlatch School Districts and the staff at Summit Therapy and Health Services.

One of the focus areas in starting the program was to address student athlete safety, particularly in the area of head injuries. The Certified Athletic Trainers conduct baseline concussion testing for all athletes and follow standardized protocols for any concussive event, insuring safety for all athletes and peace of mind for parents and coaching staff.

There are 750 student athletes in the four schools and in the first 3 months of the program the Certified Athletic Trainers had a total of 3443 student athlete treatments.



Pediatric Center of Excellence

Vision

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

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

While working within the framework of the vision for the *Pediatric Center of Excellence* several strides were made in 2017 improving the care of our pediatric population including:

- Development of pediatric specific protocols for Bronchiolitis, Asthma, DKA, Neonatal Fever and Fever with Neutropenia
- Introduction of "Care Promise" techniques which focus on distraction, topical anesthesia, comfort positioning, sucrose "Sweet-Ease" for infants
- Implementation of the Pediatric Early Warning Signs (PEWS) tool
- Staff education and competency assessment through class education, pediatric mock codes, case studies and chart review
- Established Pediatric IV team
- Coordination of outpatient services (lab, radiology) by pediatric care coordinator to provide a more positive experience for child and their family



We will plan to continue on this path for 2018 with development of the Pediatric Family Advisory Council, protocols on pediatric pain and sedation management, palliative care team with pediatric specific education, physical therapy intervention for bowel and bladder complications and projects surrounding type 1 diabetes and food insecurity.