

2018 Annual Performance Assessment & Improvement Report



**PULLMAN
REGIONAL
HOSPITAL**

CENTERED ON EXCELLENCE



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.

2018 — Centered on Excellence



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

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Strategic Framework at Pullman Regional Hospital

Primary Focus Areas

1. Continuing emphasis on our **quality** improvement and **patient safety** cultures by incorporating proven quality and patient safety initiatives into our activities
2. Improving the **efficiency and financial performance** of our activities
3. Pursuing an **integrated and collaborative approach** to organizing and delivering care and services
4. **Recruiting and retaining** high quality physicians, hospital staff, and other providers
5. Strengthening **market share** in the region through expansion of current services or the addition of new services

Continued Focus Areas

6. Fully embracing and integrating the principles of **generosity and philanthropy** leading to committed community support
7. Using the power and creativity of **innovation** to explore new possibilities
8. Supporting continued vigilance in assuring **high patient satisfaction**
9. Developing processes to enhance **employee engagement** thus creating a good place to work
10. Developing plans to assure **modern facilities and technology**

Strategic Activities for 2018 and Beyond

- Developed a plan for additional outpatient clinical and physician office space with the Next Era of Excellence proposal.
- Recruited a pulmonologist to establish a pulmonology practice and perform sleep study interpretations in-house. Dr. Vinod Mehta joined Palouse Pulmonary and Sleep Medicine in December, 2018.
- Recruited two hospitalists and 4 advanced practice providers to expand in-house coverage to 24 hours per day.
- Recruited a medical oncologist and launch the Palouse Oncology practice in partnership with Cancer Care Northwest and Palouse Specialty Physicians. Dr. Rai, a full-time medical oncologist with the Palouse Oncology practice will begin seeing patients full-time in July of 2019.
- Recruiting an additional ENT physician as a partner for Dr. Goodrich with Palouse Specialty Physicians.
- Recruited a full-time neurologist in partnership with Northwest Neurological Palouse Specialty Physicians. Dr. Said, a full-time neurologist will begin practice in July of 2019.
- Recruiting 2 general internal medicine physicians in partnership with Palouse Medical.
- Recruiting new family medicine physician with OB for Pullman Family Medicine.
- Recruited new pediatrician—Dr. Maricarmen Shields began practice in August of 2018.
- Recruiting new psychiatrist with a new practice model implemented.
- Pullman Regional Hospital Clinic Network formal organizational structure implemented and supported. The Network Operating Council (NOC) and Practice Operating Councils (POC) were organized and the strategic planning process instituted.
- Continue development efforts for Rural Training Pathway with first residents to be in Pullman by July 2020.
- Develop a partnership to establish an employer on-site health clinic with The Meter Group and SEL.
- Exploring and determining the path for establishing a community health information system and implementing a new electronic health record system at Pullman Regional Hospital with the Next Era of Excellence.



Strategic Planning

Organizational Responsibility

- Strategic leadership group working on this area developed additional tools and processes to increase the effectiveness of our retention and recruitment efforts. Including:
 - *Supporting our current physicians
 - *Supporting the new orthopaedic surgeon in establishing a successful practice
 - *Supporting our new cardiologist in establishing a successful practice
 - *Supporting the new family physicians in establishing successful practices
 - *Supporting our new emergency physician in establishing a successful practice
 - *Supporting the new general surgeon joining Palouse Surgeons
- Complete construction of Same Day Services expansion and implement new processes for providing care. This project began in 2018 and will be completed by May of 2019.
- ANCC Pathways to Excellence Recognition, including activities and commitment continue with an application for recognition planned for 2019.
- Improving the financial performance of the Pullman Regional health system including proposing and passing a UTGO bond. The hospital district posted a positive bottom line for 2018 but short of our goal of 2% and target of 4%. An election is planned for April of 2019 to approve a bond levy proposal for \$29.0 M for the Next Era of Excellence plans.



Strategic Planning Focus Groups

| | | | |
|--------------------------------------|----------------------|--------------------------------|----------------------|
| Family Medicine Residency | Admin Support | PRHCN Structure | Admin Support |
| Dr. Early | | Steve Febus | |
| Rueben Mayes | | Jennifer Matera | |
| Alison Weigley | | Michelle Weir | |
| Becky Highfill | | Patty Snyder | |
| Elizabeth Hillman | | Bernadette Berney | |
| Dr. Karen Geheb | | Rueben Mayes | |
| New EHR | Admin Support | Shauna Patrick | |
| Jeannie Eylar | | Debbie Heitstuman | |
| John O'Bryan | | Elizabeth Hillman | |
| Sandy Frisbey | | Darin Porter | |
| Carrie Coen | | Chris Jensen | |
| Cathy Murphy | | Kim Cook | |
| Bernadette Berney | | ANCC Pathways | Admin Support |
| Sally Reel | | Jeannie Eylar | |
| Dr. Karen Geheb | | Chad Miller | |
| Janine Maines | | Sally Reel | |
| Shauna Patrick | | Verna Yockey | |
| Darin Porter | | Corrine Phillips | |
| Debbie Heitstuman | | Dana Srikanth | |
| Verna Yockey | | Becky Highfill | |
| Dr. Pete Mikkelsen | | Employer On-Site Clinic | Admin Support |
| Dana Srikanth | | Steve Febus | |
| Krystal Rogers | | John O'Bryan | |
| Marilyn Burch | | Jennifer Matera | |
| Phil Carr | | Cathy Murphy | |
| Physician Recruitment/Support | Admin Support | Chris Jensen | |
| Scott Adams | | Janine Maines | |
| Carrie Coen | | Dr. Karen Geheb | |
| Stephanie Pierce | | SDS Expansion | Admin Support |
| Patty Snyder | | Jeannie Eylar | |
| Alison Weigley | | Sally Reel | |
| Erin Richardson | | Pat Wuestney | |
| Megan Guido | | John O'Bryan | |
| Steve Dunning | | Stephanie Knewbow | |
| Kaela Hamilton | | Chad Miller | |
| Joan Hendrickson | | Erin Richardson | |
| New Office Building | Admin Support | Dana Srikanth | |
| Scott Adams | | Verna Yockey | |
| Pat Wuestney | | Steve Dunning | |
| Becky Highfill | | Andrea Howell | |
| Austin Swopes | | Krystal Rogers | |
| Chris Jensen | | Steve Cromer | |
| Ed Harrich | | | |

Drawing on the ideas and concepts developed in 2012, the Hospital began organizing activities and plans related to The Next Era of Excellence. The major components of the plan are;

| | | | |
|--|-------------------------------------|--------------------------------------|---|
| Community-Wide Electronic Health Record | Update Medical Equipment | Redesign of Current Space | Healthcare Pavilion Addition |
|--|-------------------------------------|--------------------------------------|---|

- Establishing a community wide electronic personal health record system to facilitate an integrated comprehensive, one-stop care experience for patients
- The addition of 45,000 square feet on the Hospital campus for physician offices and expanded clinical services
- Upgrading and expanding designated hospital space and services
- Updating and advancing medical technology

Throughout the year The Next Era of Excellence Steering Committee was organized to gather information, develop timelines, conduct research, receive community feedback, and produce a final report and recommendation to the Board of Commissioners. In November 2018, the report and recommendations were presented the Board of Commissioner for their consideration. The Board accepted the report and all recommendation at their December 2018 meeting, putting in motion the process for moving forward with implementation of The Next Era of Excellence. The key next steps include a bond proposal for \$29M to be voted on in April 2019 and a fundraising effort with a working goal of \$6.5M.



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

Quality Improvement Committee (QIC):

The QIC continues to provide the oversight for performance assessment and improvement activities of the hospital. This committee functions in the role of monitoring the Clinical Indicators Dashboards, Risk Management Reports, Safety Report, Patient Satisfaction Dashboard and the Community Engagement Dashboard and activities on a regular basis. Along with reports from Departments related to their improvement activities and yearly review of their department functions and processes. In 2018, the committee provided ongoing support in reviewing the Quality Management System of the hospital. Areas of focus continue to be on the quality reporting and patient safety with emphasis on readmissions, medication safety, and infection prevention with a focus on sepsis management and risk management.

Strategic Planning Committee:

The Committee spent a majority of their time focused on aspects of The Next Era of Excellence plan for meeting the future healthcare needs of the community. Specifically their attention was focused on additional space requirements for physician practices and clinical space for the hospital, assessing possible solutions for increased parking, and carrying out an assessment process related to the implementation of a community wide electronic personal health record system. Additionally, the committee participated in annual planning efforts establishing strategic focus areas for 2019.

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:

The Finance Committee of the District developed time in 2018 to review and discussion of the financial operations of the District, which included the hospital, clinic network, and joint ventures. Additionally, the Committee spent time to explore the funding consideration for the Next Era of Excellence, review and present a funding solution for the Same Day Services expansion, monitor and discuss activities related to the contract negotiations with third party payers, and access new business relationships. Other responsibilities of the Finance Committee includes the examination of potential external impacts on operations from Federal and State regulatory bodies, payor reform, valued based purchasing, and the like.

2018—A Year in Review

In 2018 the Foundation raised \$1,476,102 in philanthropy on \$796,000 in budgeted expenses. Due to the generosity of the community \$1,316,740 in philanthropy funds were provided to Pullman Regional Hospital through transfers and direct gifts. With Kim Cook's retirement, Derek Sedam was hired as the Assistant Director of Operations and Tiffani Stubblefield was hired as the Senior Administrative Assistant. We saw another strong incoming Foundation board class with members Karen Geheb, M.D., Adam Lincoln, Steve Mader, Connie Newman, Justin Rasmussen and Kerry Swanson. With our work transitioning to The Next Era of Excellence pre-campaign activities we are grateful that Board President, Pat Wright, Vice President, P.J. Sanchez and Tim Gehring, Treasurer will remain in the executive roles until June 2020. This will provide stable and consistent governance leadership during a critical phase of the campaign. Other key happenings in 2018:

- Loyal and productive Foundation staff
- Successful Gala
- "No Opinion" financial audit
- New Blackbaud NXT Donor Relationship Management (DRM) platform
- Women's Leadership Guild bylaws
- Pullman Regional Hospital employees gifted \$165,000
- Valuable consulting from Henderson Mallory & Partners and Verne Sedlacek, M.J. Murdock Trust Fellow



- Building strong partnerships with Washington State University, WSU Foundation, INNOVIA Foundation and M.J. Murdock Charitable Trust
- Implementation of Homes for Health program
- Completed The Next Era of Excellence feasibility study
- Implementation of Luminate email platform and online giving strategy
- Recruitment of Foundation's Next Era of Excellence Campaign Cabinet

Sustainable stewardship program



Hospital Awards & Happenings

Women's Choice Awards

Overall Patient Experience & Obstetrical Care

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 fifth time we have received both awards.



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.)



DNV Accreditation

DNV conducted our fifth annual accreditation survey in August 2018. The focus of the quality management principles that we are working on include: customer focus; leadership; engagement of people; process approach; improvement, and evidence-based decision making. The adoption of a quality management system helps organizations improve its overall performance and provide a sound basis for sustainable development initiatives.



Sleep Medicine Accreditation

Pullman Regional Hospital is now accredited by the American Academy of Sleep Medicine. Since 1977, the American Academy of Sleep Medicine (AASM) Standards for Accreditation have been the gold standard by which the medical community and the public evaluate sleep medicine facilities. Achieving AASM accreditation demonstrates our commitment to high quality, patient-centered care through adherence to these standards.



Daisy Award

Nurses are nominated by anyone in the organization - patients, family members, other nurses, physicians, other clinicians and staff - anyone who experiences or observes extraordinary compassionate care being provided by a nurse.

Daisy Award Winners of 2018: Linda Rauch, Brittany Kitto, and Nicole Weiss!



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 completed our annual yearly accreditation survey in August 2018, resulting in ongoing accreditation for Pullman Regional Hospital. We continue to meet the standards set forth for accreditation that combines Medicare Conditions of Participation with ISO 9001 Quality Management Systems into our hospital accreditation program. Thru the accreditation process it is allowing us to focus on common goals, like patient care and safety and demonstrate our commitment to excellence in quality and safety. Through our ongoing improvement processes which focus on patient safety and departmental flow processes, our reviews and audits assist us to be better able to define and work on our areas for improvement upfront; engaging all staff in the process.



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 in our Compliance efforts, including:

- Periodic compliance reminders and updates from current events
- Welcomed Debbie Heitstuman as Compliance Officer
- Reviewed Compliance Program and are looking forward to revitalizing it in 2019
- Hosted quarterly Compliance Committee meetings and reported to administration and board of commissioner members quarterly.
- Incorporated Pullman Regional Hospital's Clinic Network into our meetings with the addition of member Kelly Sanders
- Continued internal monitoring of Pullman Regional Hospital's Revenue Cycle
- Quarterly Utilization Review reports including continued internal monitoring

Thank you to our 2018 Compliance Committee Members: Jeannie Eylar, Steve Febus, Debbie Heitstuman, Hannah Kimball, Janine Maines, Verna Yockey, Kelly Sanders, Elizabeth Schilling, and Sandy Frisbey.

Healthcare Insurance Portability & Accountability Act (HIPAA)

Pullman Regional Hospital's HIPAA Committee led many successes during the year. Over the year, we:

- Created and implemented a new Notice of Privacy Practices brochure that is easy to take and read for patients to know more about HIPAA and their health information.
- Sent out a quarterly newsletter including information on current HIPAA events
- Continued HIPAA Security Auditing system
- Incorporated Pullman Regional Hospital's Clinic Network into our meetings with the addition of member Kelly Sanders
- Our Information Technology Team and HIPAA Committee implemented improved email security for personal devices
- Revamped HIPAA Orientation for all New Employees
- Offered multiple options to satisfy HIPAA education requirement including attending a class during "HIPAA Week", answering a case study, inviting the HIPAA Coordinator to host a HIPAA Discussion at a department meeting, or an online quiz
- Hosted a very successful HIPAA Security Risk Assessment
- Welcomed Debbie Heitstuman as HIPAA Privacy & Security Officer

Thank You to our 2018 HIPAA Committee Members: Chris Jensen, Kelly Sanders, Sandy Frisbey, Steve Febus, Hannah Kimball, Debbie Heitstuman, Bernadette Berney, Stephanie Knewbow and Janine Maines



Physical Environment

In 2018, the Safety Committee was focused on 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 year-end report is a summary of those activities.

Life Safety Management

- Alternative Life Safety measures were implemented during the Same Day Surgery expansion project using an updated policy and form.
- The Same Day Surgery expansion project required the establishment of an alternative egress for the departments who are located on the second floor of the hospital which includes Maintenance, Clinical Informatics, Infection Prevention, Information Technology, and Hospitalist.
- The Pullman Fire Department completed the annual fire inspection of the hospital. One deficiency was noted and it was repaired.



Safety Management

- Plans are underway to revise the 8-hour CPI training program and to create a 2-hour long course that will focus on verbal de-escalation techniques and situational awareness. The course is planned to be implemented before year end 2018. The first revised course was offered in January 2019.
- The 2018 Physical Environment Risk Assessment was reviewed and updated by all departments.
- The Safety Coordinator, Security staff member, and Maintenance Director attended an active shooter presentation at Schweitzer Engineering Laboratories (SEL) and brought back good information for the hospital to use. The hospital will continue to evaluate how to incorporate some of these learnings.
- Three specific codes (Code Silver, Code Gray, and Lockdown) were all contained in one policy which made it difficult to find and use. The three codes have now been updated and separated into three separate policies which make it easier to access and use.
- In the spring, a sub-committee of the Safety committee did a walk-around of the employee parking lot on the East end of the hospital campus. It was determined to add “fog lines” to the end of each parking stall to assist staff members to park within the lines of each parking space. Four of the parking spaces were identified to be label “Compact Only” to assist with the entrance into the parking lot. Painting will occur over the summer months.

Hazardous Materials (HAZMAT) Management

- Decontamination tent was set-up in June to test the deployment and to provide education to staff. It was found that the emergency preparedness equipment needs updating.
- Quarterly drills were hosted that focused on Pullman Regional Hospital’s top chemical risks.



Physical Environment

Security Management

- Additional security cameras have been installed and the entire system has been upgraded to include higher resolution cameras. The digital recording/storage system was also upgraded.
- The 2018 Hazard Vulnerability Assessment was completed and it was determined that human risks were the highest concern for 2018. This would include things such as civil disturbances and criminal activities.
- The maintenance department has made door dowels, which meets fire codes that are to be placed in the sliding glass doors in the Emergency Department Ambulance entrance. The dowels are to be used only during a Lockdown. Dowels will now be made for the other sliding glass doors in the hospital.
- In April, a Vendor Management program was implemented in the hospital. This system manages vendors who are coming in to see department leaders. Vendors are to check into the system when they arrive and check-out when they depart.

Medical Equipment Management

- At the end of 2018, Sacred Heart Medical Center discontinued providing bio-medical equipment management. A new company, Multi Medical Services (MMS), is now providing that service to the hospital. We are fortunate to be able to continue working with our current bio-medical engineer as he changed his employment from SHMC to MMS.



Utility Management

- Emergency water supply contingencies have been completed with collaboration with the City of Pullman.
- Charcoal filters were installed in the air handling units on the roof of the hospital to assist with air filtering during the construction of the Same Day Services addition.
- In the fall, the hospital's 2,500 gallon diesel tank was removed and replaced with a 10,000 gallon diesel tank. This is a regulatory requirement with the construction of the new SDS space.

In May, an interdisciplinary group met to discuss Safety and Security issues on a larger scale for both the hospital and the clinics within the clinic network. This group identified a list of areas and actions to review and improve for the safety and security of our employees, visitors, and patients. The areas of focus were:

Physical Plant—Door locking, Panic Buttons, and Physical barriers

Staff Involvement—Communication and drills

Staffing—Awareness, Training, and Security Staff

Policies and Procedures—Collaboration with Pullman PD

Medical Staff

Performance Improvement Activities

OB/Peds Committee

Reviewed 23 charts
Continuing work on NTSV rates and C-Section rates

Peds Subcommittee

Reviewed 13 charts
Developed review indicators
Asthma Order sets
Reviewing and monitoring pathway utilization

Critical Care Medicine Committee

Reviewed 7 charts; provided feedback to providers
Developed Performance Scorecard
Working on improvements to the Massive Transfusion Policy
Developing an Antibiotic Stewardship Program

Surgery Committee

Reviewed 17 charts
Collaborated with Anesthesia Committee on Procedural Sedation privileging criteria
Collaborated with Anesthesia Committee to develop Coolief Radiofrequency Ablation Treatment privileging criteria

Anesthesia Committee

Reviewed 229 charts with continued improvement noted in documentation requirements.
Developed and recommended privileging criteria for Procedural Sedation
Developed and recommended privileging criteria for Coolief Radiofrequency Ablation Treatment

Credentials Committee

Reviewed and recommended 17 initial appointments, 32 reappointments, 12 telemedicine providers and completed 6 FPPEs.
Committee members attended off site advanced credentialing education course and providing education to during committee meetings.
Recommended revision to Family Medicine privilege form
Recommended privilege criteria for Procedural Sedation
Recommended privilege criteria for Coolief Radiofrequency Ablation Treatment

Family Medicine Committee

Reviewed 5 charts and provided feedback to providers.
Actively participating in the decision process for new EHR
Revised privilege criteria for Board Certification at initial appointment and reappointment.
Developed chart review indicators
Developed Performance scorecards



Medical Staff

Performance Improvement Activities

Emergency Medicine Trauma Committee

- 69 charts reviewed and provided providers with feedback.
- Revised Full Trauma Team Activation Protocol
- Developed Performance Scorecards
- Conducted FPPE reviews

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 19 charts
- Continues to provide oversight for the Telepsychiatry services offered at the hospital

Medical Executive Committee

- Continued to provide input to QIC
- Recommended revision to Family Medicine privilege form
- Recommended privilege criteria for Procedural Sedation
- Recommended privilege criteria for Coolief Radiofrequency Ablation Treatment .
- Recommended to the Board of Commissioners 17 initial appointments; 32 reappointments, and 6 FPPEs
- Participating in the decision process for new HER.
- Bylaws revision to include CRNAs as members of the Active Medical Staff



Organizational Ethics

Ethics Committee

Ethics Committee membership includes Beth Suarez, Pullman Regional Hospital Laboratory; Anna Engle RN; Sandy O’Keefe RN/Hospital Board; Karen Geheb, MD Hospitalist, Laurie Brown RN, Bishop Place; Barb Sheffler, DSHS Children & Family Services; Pete Mikkelsen, Emergency Department MD; Karen Karpman, Retired Clinical Psychologist; Stephanie MacCulloch RN Same Day Surgery; Leyen Vu, MD WSU Health & Wellness, Hannah Kimball, Rory Fletcher. 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. Learning included topics such as Non voluntary treatment of individuals with dementia, transgender surgery ethics, and conscientious objection and refusal. The committee was asked to provide consultation on four cases during the year and the committee had Dr. Andrea Chatburn, Providence Ethics Consultant, provide a lecture which was open to staff and medical staff about the current state of healthcare ethics. Over twenty people participated in the lecture and then the ethics committee had an informal conversation with Dr. Chatburn about how the committee could be more effective and get more visibility.

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 2018. 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 2018

- Maintained a non-emergency transportation contract with Pullman EMS and Fire District #12 benefitting our emergency department and the living facilities.
- Utilized this group as our community resource group in planning the Pullman Regional Hospital’s palliative care services.
- 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.

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, and Stephanie Knewbow, Verna Yockey from inpatient care, Sarah Rial and Jeana Boyd from Care Coordination, Pullman police, WSU police, WSU Cougar Health Services, and representatives from Palouse River Counseling. Some of the key areas of focus in 2018 were the referral process for WSU students for both behavioral health and counseling services. The two services underwent significant changes in 2018 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. The hospital had 4 patients in a single bed certification during the year and both hospital and PRC staff felt that the system put into place worked well to provide these patients the necessary care until they could be placed in a psychiatric facility.

Quality of Life Team

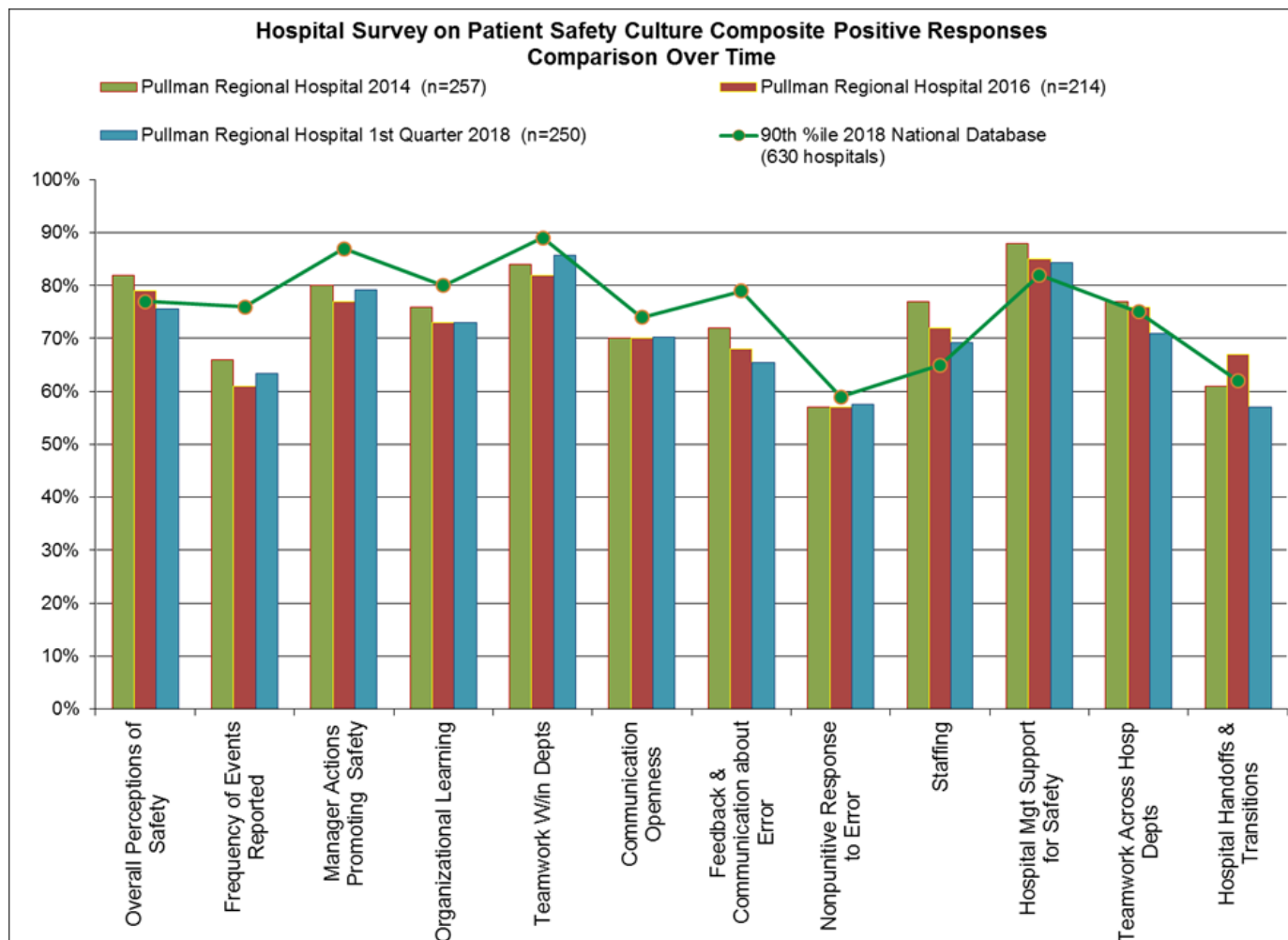
The Quality of Life Team support patients, families, physicians and hospital staff in navigating Quality of Life issues related to chronic & debilitating illness and End of Life decision making. The committee is comprised of Anna Engle RN/ELNEC Educator, team chair; Paula Fealy, Unit Clerk; Renee Heimbigner, Pharmacy; Steve Dunning, Director of Respiratory Therapy; Caitlin Carl RN/ELNEC educator. 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 2018 included review of 34 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. The QOLteam has made significant improvements of addressing patient’s wishes as they approach death. The advance care planning initiative has increased our community’s awareness of the importance of making ones’ wishes known and our staff are more attentive to talking about patient’s wishes as well. Of the 34 deaths, 29 of these patients were “comfort measures only/hospice/do not resuscitate” patients and their wishes were followed. The five patients that were “full code” patients were all deaths in the emergency department, including two young children. The QOL team created a End Of Life options form to help providers and staff to remember all of the services available to patients and families at the end of their lives.

The two ELNEC RNs provided training to Pullman Regional Hospital staff and employees and went to Grand Coulee to provide their nursing staff about best practices for caring for people at the end of their lives. The QOL team also was directly involved with advancing our palliative care services, continuing to expand the continuum of care provided by Pullman Regional Hospital.

Hospital Survey on Patient Safety Survey (HSOPS)

The patient safety team utilized the Agency for Healthcare Quality (AHRQ) culture of safety survey for the third time in the last six years. 250 employees and physicians completed the survey which was administered through the University of Nebraska and was completed electronically. The patient safety team reviewed the results to identify categories where we are improving or declining compared to our past surveys and identify our strengths and weaknesses as we compare our results to the 90th percentile of the 630 hospitals that completed the survey in 2018. The graph below includes the past three survey results and the top ten percent from the 2018 survey.



Categories that we are within the top 5% of the 90th percentile - Pullman Regional Strengths

1. Overall perceptions of safety
2. Teamwork with departments
3. Communication openness
4. Nonpunitive response to errors
5. Staffing
6. Hospital management support for safety
7. Teamwork across departments
8. Hospital handoffs and transitions

With these results indicating that we are in the top 10 percent of the surveyed hospitals in 8 of the 12 categories, we feel that we do not want to drastically modify our culture of patient safety, but that we do want to be conscious of the behaviors and actions that have led to this strong patient safety culture and continue with those.

HSOPS (continued)

Categories (and specific questions) that are Pullman Regional's opportunities to improve

1. Feedback and Communication About Error

- We are given feedback about changes put into place based on event reports.
- We are informed about errors that happen in this department.
- In this department, we discuss ways to prevent errors from happening again.

2. Supervisor/Manager Expectations & Actions Promoting Patient Safety

- My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures.
- My supervisor/manager seriously considers staff suggestions for improving patient safety.
- Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts.
- My supervisor/manager overlooks patient safety problems that happen over and over.

3. Organizational Learning—Continuous Improvement

- We are actively doing things to improve patient safety.
- Mistakes have led to positive changes here.
- After we make changes to improve patient safety, we evaluate their effectiveness.

4. Frequency of Events Reported

- When a mistake is made, but is caught and corrected before affecting the patient, how often is this reported?
- When a mistake is made, but has no potential to harm the patient, how often is this reported?
- When a mistake is made that could harm the patient, but does not, how often is this reported?

Improvements made and Actions moving forward

Working with the HOSPS experts in how to improve in these areas, one of their specific recommendations was to embark on formal education called TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety).

1. We will create a comprehensive plan for expanding TeamSTEPPS training throughout 2019, and include members of our medical staff.
2. Events and improvement actions are consistently shared in department leader communications
3. Staff that are involved with events are included in the process reviews
4. Unit based councils in the nursing departments have identified process improvements they feel are patient safety concerns
5. Employees that identify errors or events will receive feedback from the department leader and the Quality department to “close the loop”



Improvements from Patient Safety Week Rounds

During National Patient Safety Week, Dr Early and Jeannie Eylar made patient safety rounds. They visited nine departments on various shifts and talked to over 40 clinical staff and physicians. The employees identified almost 40 different issues that caused them concern for patient safety. The issues were separated into these eight categories and the primary improvements are listed in each category.

1. Medication Safety

- Initiated anesthesia pyxis carts
- Received a grant to purchase smart IV pumps for SDS to standardize equipment across departments
- Nursing departments have reeducated staff and educated patients in our patient binders about our “Always Statement”
- Instituted barcode scanning for procedural sedation

2. Preventing Infections

- Primary focus on Hand hygiene efforts. The hand hygiene task force completed a barrier analysis for washing and sanitizing hands and evaluated new hand gel dispensers. New dispensers were mounted in clinical and public spaces.
- The antibiotic stewardship program had increased focus with pharmacy, infection prevention and hospitalist services collaborative efforts. Created a process for sepsis screening in the ER.
- Standardized cleaning policies at Summit Therapy

3. Competence

- A new competency program has been established and utilized by most departments to identify each department’s highest needs for competency training .
- Mock codes, massive transfusions, and postpartum hemorrhage scenarios were conducted increasing staff’s competence in these three low volume high risk areas.
- Medical staff committees reviewed provider privileges regarding NRP certification and made the changes they felt were necessary

4. Equipment

- Concerns about patient beds and stretchers not functioning properly has been addressed with a new contract with Stryker to ensure all of these items are up to date and functioning effectively.
- Standardized equipment and medications in all code carts

5. Process failures

- Laboratory specimen labeling has been a process improvement that that resulted in (or brought about) improvement demonstrated by the significant reduction in the error rate.
- The massive transfusion protocol was revised and improved

6. Diagnostic errors

- A task force of physicians considered the need for an Istat in imaging or the ED and decided to not pursue that in 2018 and put it on the budget for 2019.

7. Safety and Security and Physical Environment concerns

- The concerns will be addressed by the Safety Committee

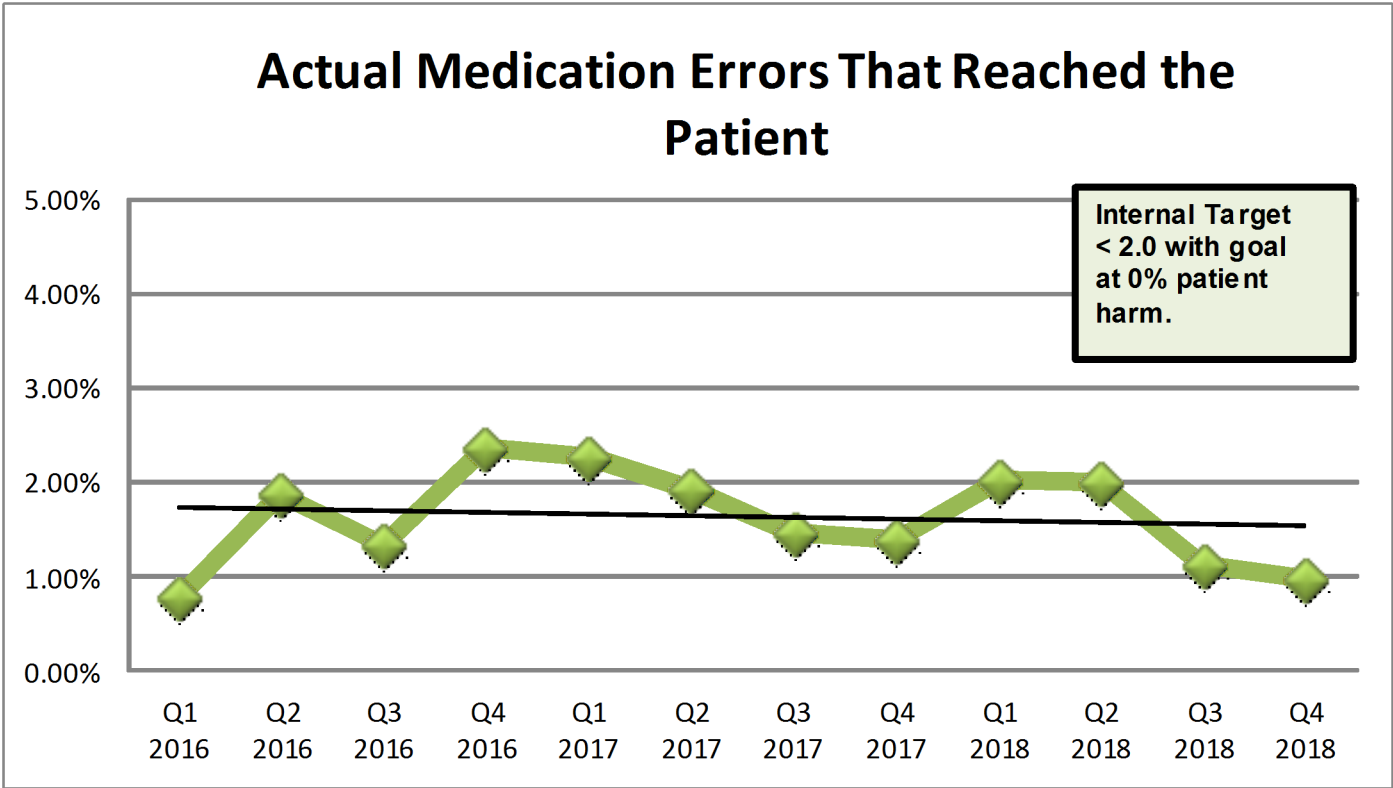
Patient Safety

Commitment to Patient Safety

Pullman Regional Hospital is committed to creating and sustaining a work environment where patient safety is consistently a top priority. This environment demonstrates a commitment to designing policies and processes to prevent errors, providing appropriate numbers of qualified staff, encourage event reporting, learning from errors, and commitment to continuous improvement.

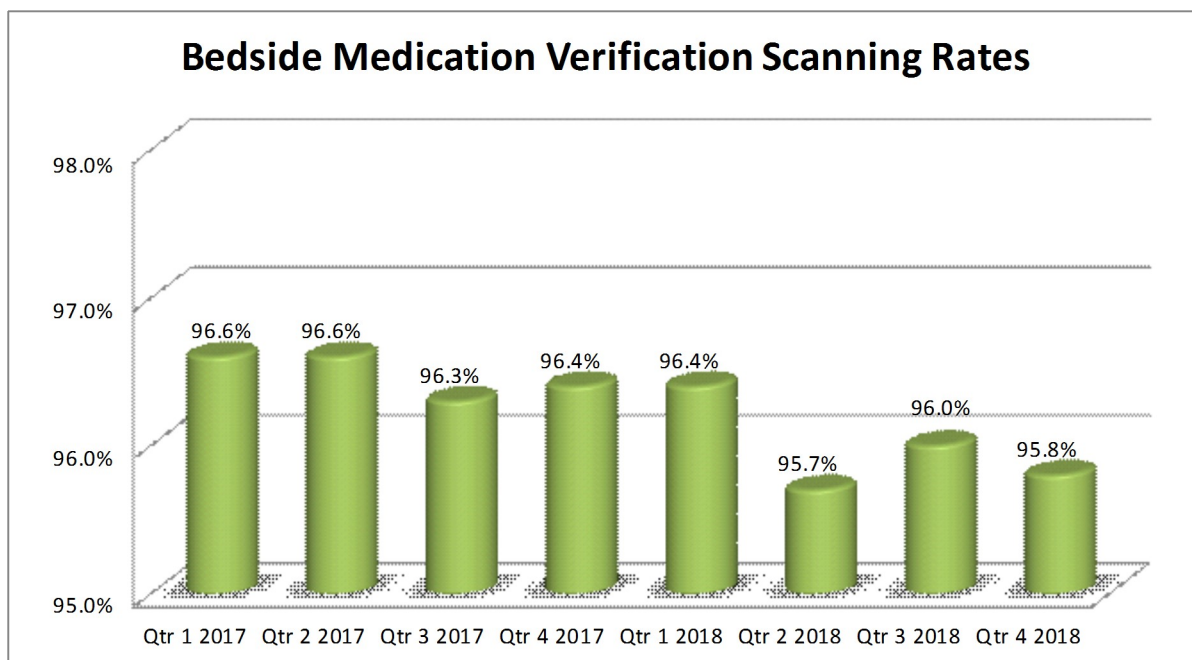
Medication Safety

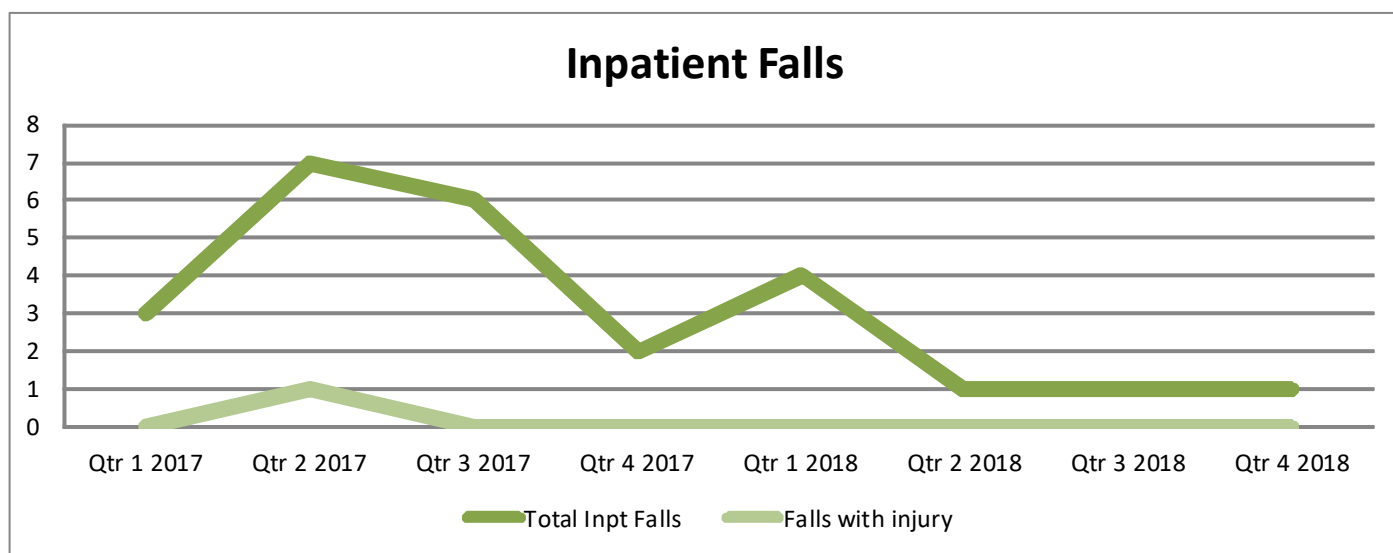
Medication Safety continued to be a focus in 2018. All reported medication errors were reviewed by pharmacy staff and the department directors regarding type, contributing causes, location and severity, with a focus on system and process issues, human error and the use of safety practices. In 2018, we also looked at those medication errors that didn't directly reach the patient but may have had an affect on them such as omission of drug. Opportunities for education and follow-up with staff involved was a focus for medication safety.



Bedside Medication Verification

An area of focus with patient safety and medication administration in 2018 was looking at the rate and usage of Bedside Medication Verification (BMV). BMV requires both the patient and the medication to be scanned to ensure proper medication and patient prior to administration. With the help of Clinical Informatics we were able to look at BMV scanning rates by Departments. This allowed the Directors and the Clinical Informatics staff to reach out to staff to review practices of scanning medications and why it is a focus of patient safety. The graph shows the work that has been done as we strive to maintain a culture of safe patient care. Our goal has been to achieve at least a 95% scanning rate in all areas where medication are given.





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:

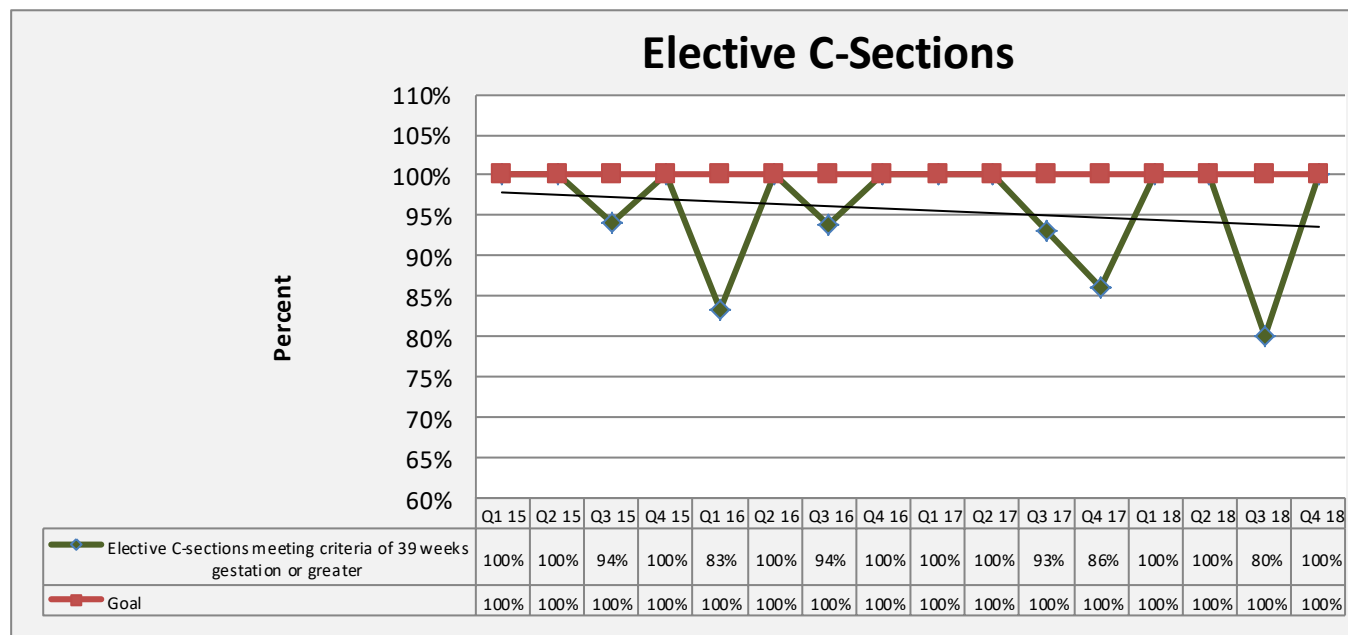
- Zero Deaths from Falls;
- 50% reduction in falls with Moderate and Serious Injury; and,
- 40% reduction in Falls with Mild Severity of Injury

We have instituted processes to assess patients on admission for fall and injury risk factors and develop individualized fall and injury prevention plans of care. This may include evaluations by physical therapists, bed alarms, along with identification of what types of equipment to use for prevention. 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 2018 and will continue all of our efforts into 2019 with each fall being assessed as to “why it happened and what safe guards can be put in place to prevent future falls”.

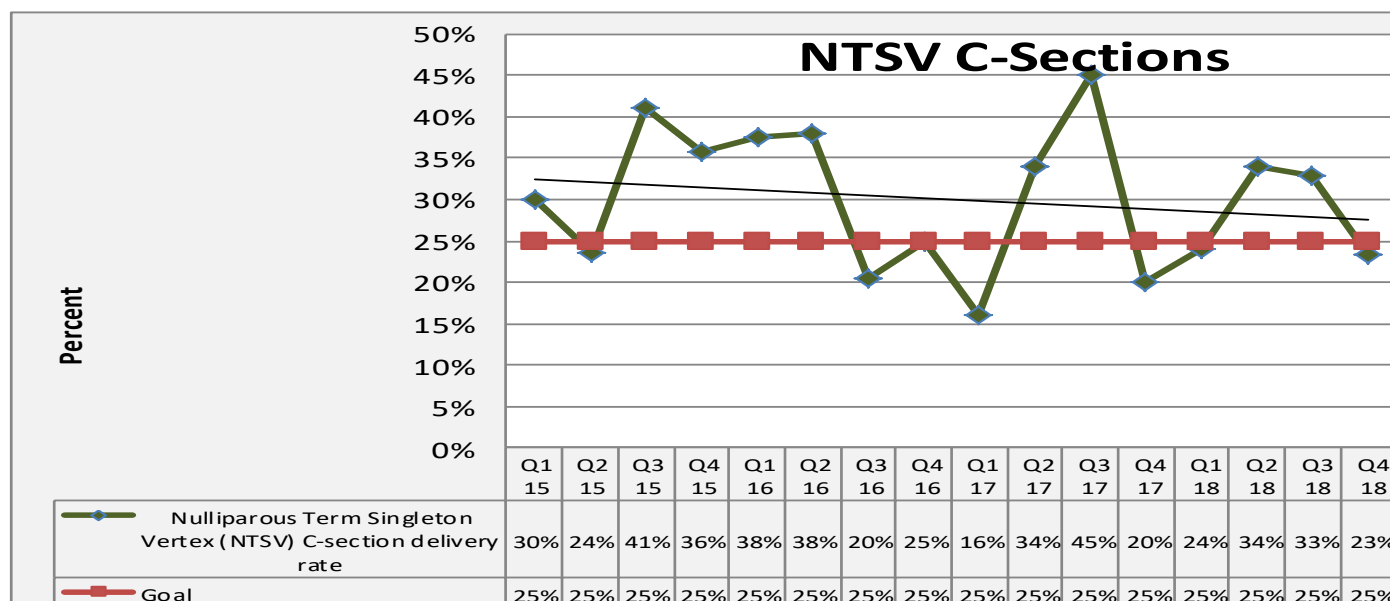


Patient Safety Performance Initiatives

Elective Deliveries: In response to the American College of Gynecology's recommendations that no elective deliveries (inductions and C-sections) take place prior to 39 week gestation, the OB-Peds Committee and the Quality Improvement Committee (QIC) continued to track its progress. Elective C-sections failed to meet this target only in 3rd qtr. 2018 with those cases being reviewed. This data will continue to be collected and shared as indicated in 2019.

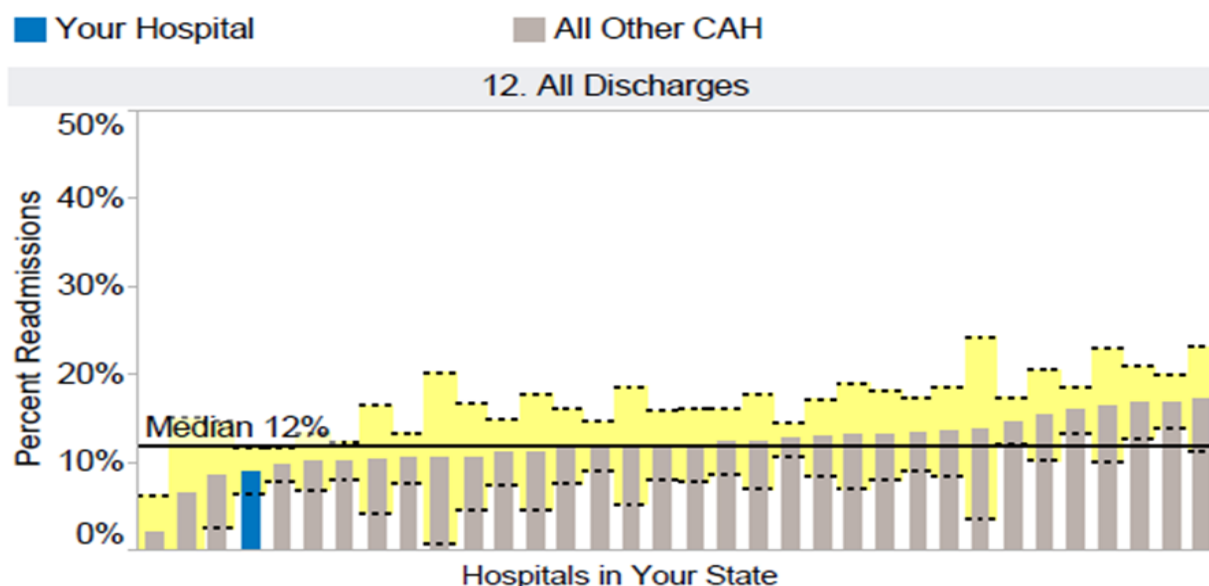


Nulliparous Term Singleton Vertex (NTSV) C-Section Rate: The NTSV C-section rate became an area of focus in 2016 and 2017 and continued to be a focus area in 2018 by the QIC and OB/Peds Committee. Pullman Regional Hospital builds upon the successful effort to reduce early elective deliveries. We are 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 2018 we failed to consistently meet our internal target of 25% and the WA State goal of less than 20%. Data continues to be looked at closely and shared with the Physicians for ongoing awareness and involvement in the improvement process.

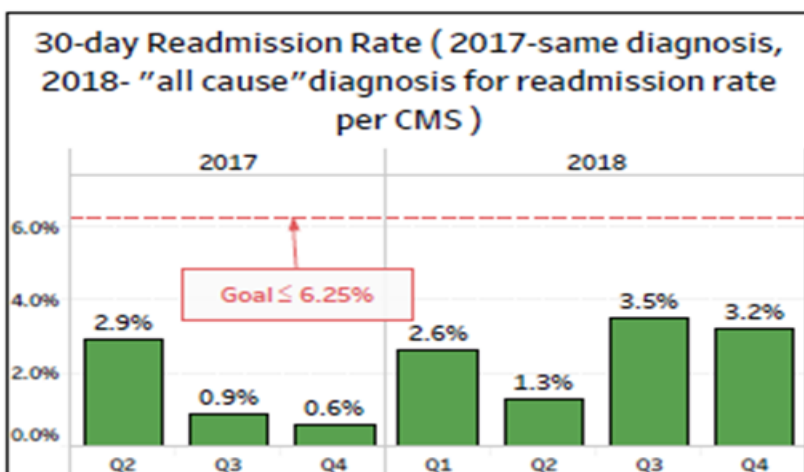




30-Day Readmissions for Critical Access Hospitals 2018—Patients readmitted to any hospital within 30-days of discharge from Pullman Regional Hospital.



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 fourth lowest critical access hospital in WA State as referenced above for 2018. We internally review each readmission that occurs at our facility and look to identify any potential complications, problems with transitions of care that may have contributed to the readmission. Readmissions are often related to multiple medications at time of discharge, low income/social support needs, end-of-life care, unclear discharge communication with patient/family, underlying behavioral health conditions, or multiple chronic conditions the patient may have. These cases are discussed at our Utilization Review Committee meetings as we strive to understand and continually work to decrease our rates.



This 30-day readmission rate is specific to those patients who discharged from Pullman Regional Hospital and were readmitted within a 30-day time frame for “any cause” as defined by CMS (Centers for Medicare & Medicaid Services).

2018 Infection Prevention Employee Health Review

A lot of 2018 was spent keeping up with Employee Health records and immunizations. 99 New Hires were processed with over 900 immunizations/QFT testing completed for employees. An additional 135 influenza vaccines were administered to employee family members, 51 to volunteers, and 14 to contractors. Thanks, Shari for helping with the Flu Clinics! It has been a light year on the Palouse for Influenza – so thanks to everyone that got vaccinated, as well as everyone that supports the Influenza Campaign to keep our Community Healthy. Vaccination rate 86.4 participation rate 97.4 neither goal met.

Through the Wellness Program, over 335 laboratory results were reviewed and processed by the Employee Health Department.

Other big news for Employee Health Department is that all current employees' paper health record were scanned into an electronic version. After the completion of this project, we will no longer be keeping paper copies of employees files. I appreciate the part-time help from Haden, Nina and Carly in getting these into the new system. The transition from paper to electronic may not seem like a big deal, but there were over 2702 active sections (most employee health records have five sections), as well as 531 terminated files (complete records) that needed to be scanned. All of this equates to a lot of paper handling over the last six months. Employee Health Records must be maintained for 30 years post discharge/retirement date, so we have a lot more to do in the coming months before we have 100% paperless employee health records.

Infection Prevention and Employee Health have had another successful year of being deficiency free with DNV Accrediting Agency.

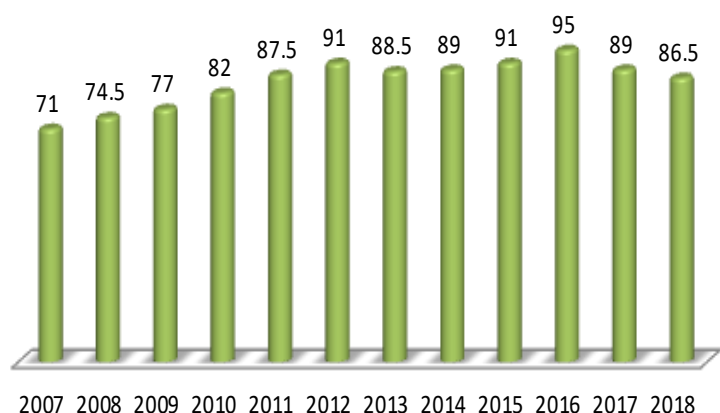
A lot of construction occurred here in the hospital in 2018, and there have been no infections related to these projects. A big thanks to Design West (Joe) and the Maintenance Department ensuring that Infection Control Risk Assessments (ICRA) gets completed before each construction project, this helps to ensure that contaminants are kept under control and equipment is well protected. Infection Prevention and Maintenance continue to do daily rounds in these areas to ensure that contractors are following the ICRA's. Thank you to the staff for supporting all the temporary detours and changes in their work areas to make this happen. Big Kudos to everyone here, for ensuring our patient's safety came first.

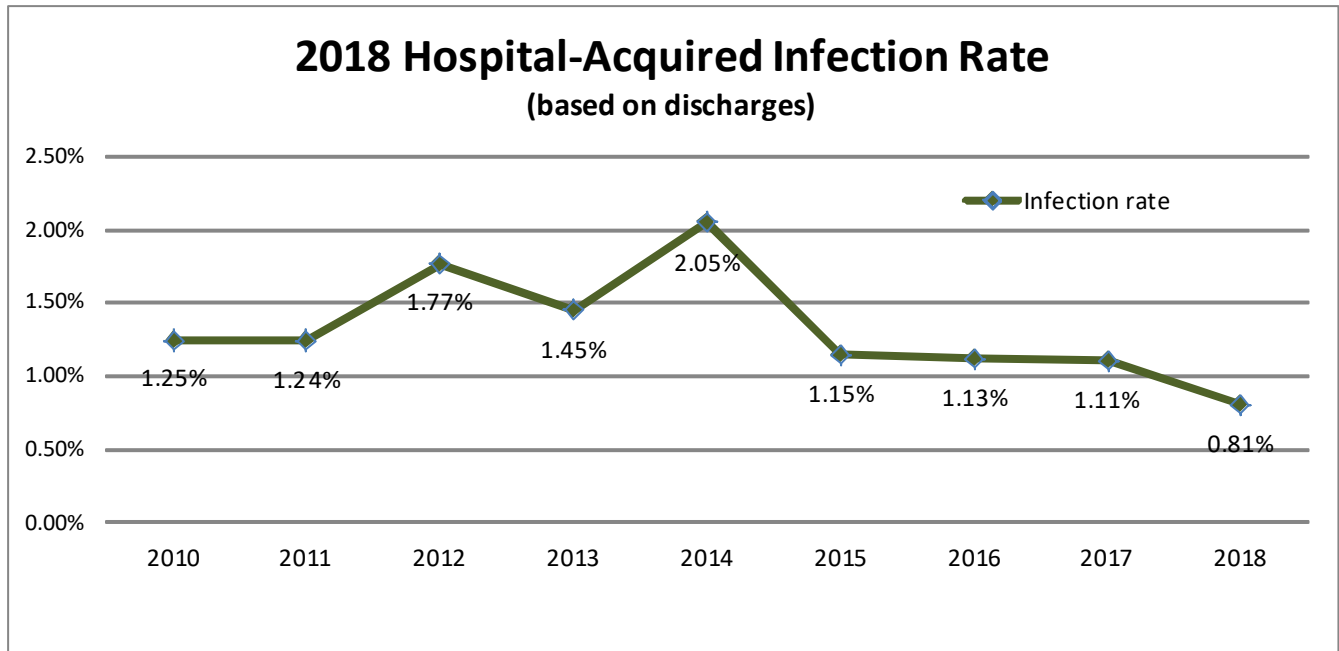
Hand Hygiene Committee has rolled out a new campaign on hand hygiene. Things incorporated include new hand hygiene dispensers, encouragement of a safe environment to encourage others to do hand hygiene and more consistent data collection. Please remember that hand hygiene is the single most important task we can do here at Pullman Regional for infection control.

Thanks, Dana for chairing this committee.

I personally continue to ensure that I am competent and up with current guidelines as an ICP. I became Board Certified in Infection Prevention and Control in April of 2018. I'm currently working on becoming certified in Antibiotic Stewardship (est. completion date July 2019). As the Hospital's Infection Preventionist, I sit on the Antibiotic Stewardship Committee with Andrea from Pharmacy and Dr. Geheb from the Hospitalist group.

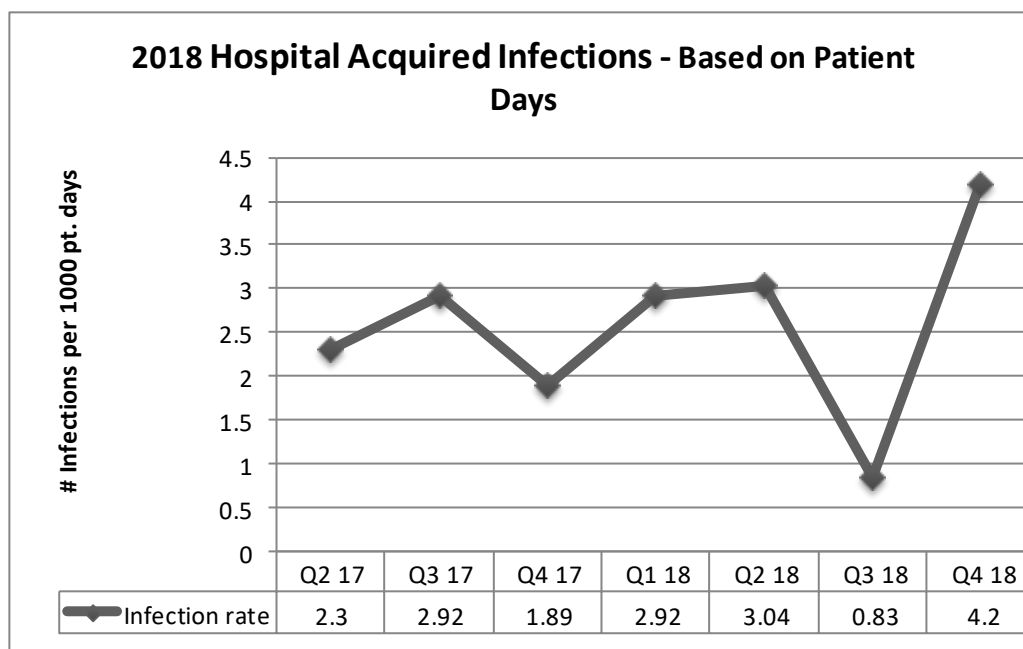
Percent of Staff Vaccinated

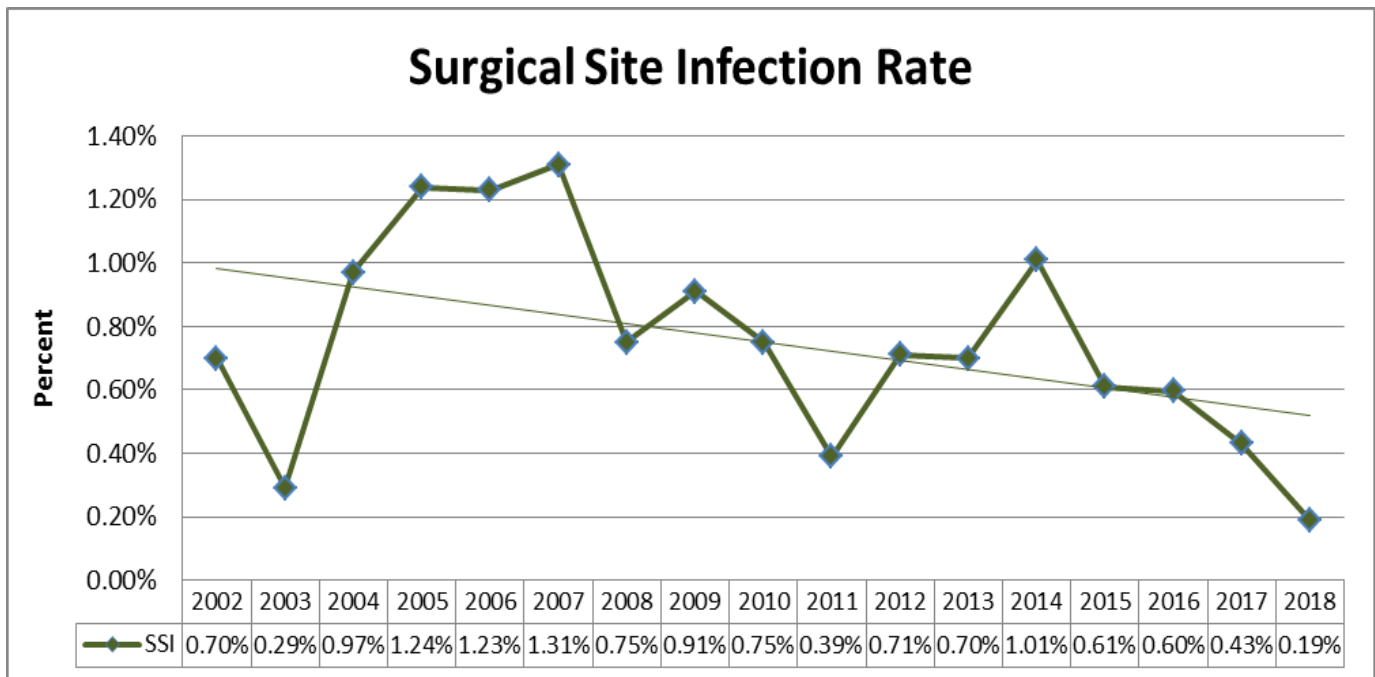




Hospital Acquired Infections (HAI) are continuing to be reviewed and reported on a rate based on discharges from the Inpatient and Birth Place Units. Our internal target is < 1.8% with a goal of 0.0%. We have achieved our target the last 3 years.

We also began to report infections based on number of infections per 1000 patient days. In 2018 we had a total of 12 HAI's that were each reviewed individually by our Infection Prevention Nurse. Our overall rate of infections for 2018 was 3.6 based on 1000 patient days. In 2019, we will continue to determine what is the best way to report and show infection rates that brings the best understanding internally of number of infections.





Surgical site infections have continued to trend down the past 4 years with this past year at one of our lowest rates at 0.19%. We have consistently been trending down the last 4 years after seeing an increase to 1.01% in 2014. . Pullman Regional Hospital has set a target at 0.8% which we have achieved and a goal of 0.0%.



Our surgical teams are committed to providing safe care for patients undergoing operative and other invasive procedures by following evidence-based perioperative guidelines. These guidelines demonstrate an optimal level of patient care and workplace safety.





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, Communication about Pain, Communication about Medicines, Discharge Information, Transitions of Care, Cleanliness and Quietness of Hospital Environment and Hospital Rating.

In July 2018, due to a vendor acquisition we moved from our previous vendor, HealthStream Insights to Press Ganey for patient satisfaction. This change has allowed us to seek feedback from our patients in different ways, thus increasing some of our response rates. In the outpatient settings our patients may receive contact by text message or email to provide feedback and complete the satisfaction surveys. For inpatients, due to regulations by CMS, the surveys have to continue to be mailed to our patients. This year has continued to demonstrate that Pullman Regional Hospital continues to have high rankings as it relates to care for our patients as demonstrated by comparison of hospitals in Washington State and in the AHA Region 9.

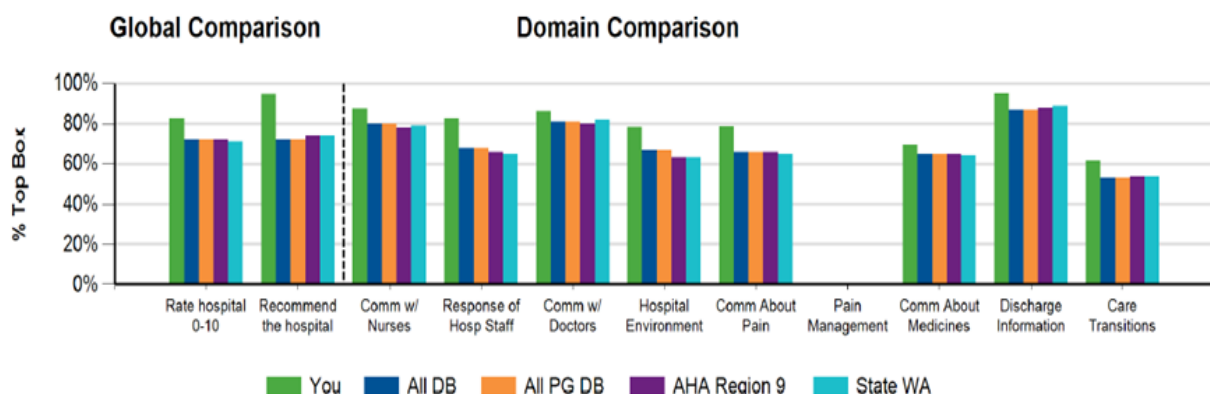


INPT

HCAHPS Summary Report

Pullman Regional Hospital

Surveys Returned: January 2018 - December 2018



* In 2018 the questions in regards to Pain Management changed to be more reflective about good Communication about Pain—are staff talking about pain to patients and potential treatments they can do. The focus went away from Pain being Managed for our patients in attempts to be better stewards of pain management.

Top Box Score: Percentage of responses in the highest possible category for a question, section, or survey. The percentage of “Very Good” or “Always” responses

| Domains and Questions HCAHPS Summary Report for July 2018 – December 2018 Inpatient Units | Top Box Score | Percentile Rank: AHA Region 9 N=288 Hospitals | Percentile Rank: WA State N=57 |
|--|---------------|---|--------------------------------------|
| Rate the Hospital on scale 0 - 10 | 82.9% | 94 th | 96 th |
| Recommend the Hospital | 94.7% | 99 th | 99 th |
| Communication with Nurses | 87.7% | 97 th | 99 th |
| Response of Hospital Staff – to call light and help toileting | 82.8% | 98 th | 99 th |
| Communication with Doctors | 86.2% | 90 th | 87 th |
| Hospital Environment – cleanliness and quietness | 78.1% | 99 th | 99 th |
| Communication about Pain | 78.7% | 99 th | 99 th |
| Communication about Medications | 69.8% | 81 st | 82 nd |
| Discharge Information | 95.1% | 98 th | 96 th |
| Care Transitions | 61.6% | 88 th | 86 th |

Pullman Regional Hospital continues to have high percentile rankings in both Washington State and AHA Region 9 against other hospitals with our HCAHPS – Inpatient Scores. In the ten domains and question areas we rank 96th-99th in 7 out of the 10 domains in WA State. In the American Hospital Association benchmarking- we are in the 90th or higher ranking in 8 out of the 10 domains.

Positive interactions and satisfaction with our customers continues to be a focus area and demonstrates the commitment to our mission, vision, and values of Pullman Regional Hospital by our staff, volunteers and Providers.

Our Patients Are Important
We want to improve, and you can help.



These graphs show how Pullman Regional Hospital has continued to be a 5 Star Hospital related to Patient Satisfaction Nationally and with our Peers in relationship to Rating the Hospital on a scale of 1-10 and Recommending the Hospital. These Star ratings are taken from CMS—Hospital Compare.

Hospital Compare

| | Star rating for this measure | Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) |
|----------------------------------|------------------------------|---|
| PULLMAN REGIONAL HOSPITAL | ★★★★★ | 86% ¹¹ |
| Washington Average | | 72% |
| National Average | | 73% |

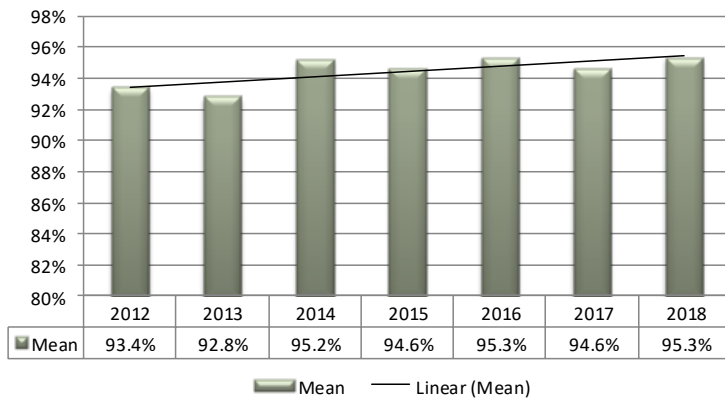
| | Star rating for this measure | Patients who reported YES, they would definitely recommend the hospital |
|----------------------------------|------------------------------|---|
| PULLMAN REGIONAL HOSPITAL | ★★★★★ | 86% ¹¹ |
| Washington Average | | 72% |
| National Average | | 72% |

Patient Satisfaction

Community & Customer Satisfaction

Pullman Regional Hospital contracts with Press Ganey 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.

Overall Inpatient Satisfaction
(Based upon a 1 - 100 Scale)



“This hospital has a excellent reputation and now I know why.”

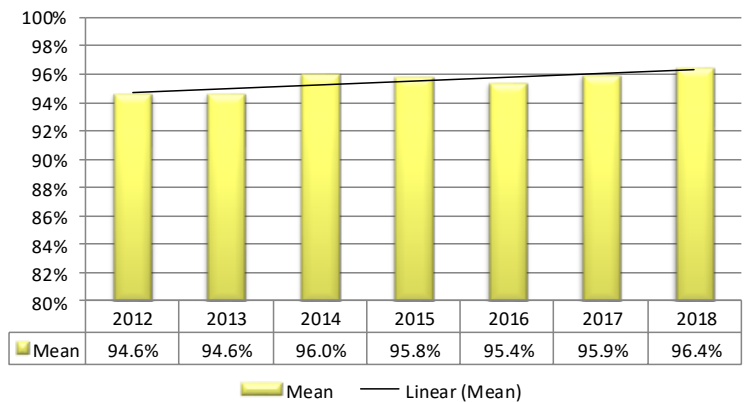
“Pullman Hospital always exceeds my expectations! Wonderful care. Won't get anywhere else!”

“I have been in many hospitals and this was the best hospital and staff I have ever experienced.”

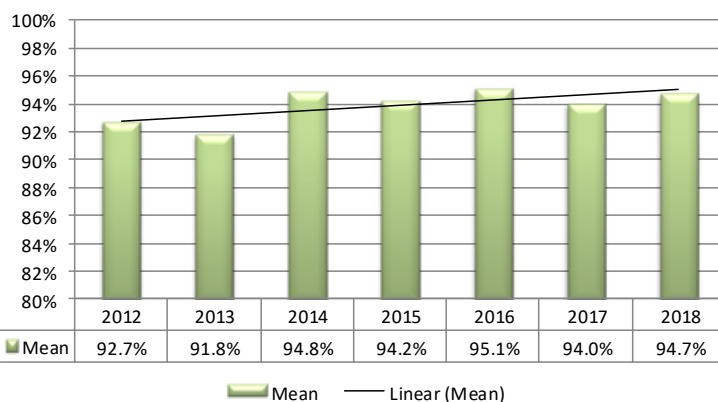
“Dr. Minudri, and nurses Bonnie & Nicole were especially wonderful and went above and beyond to make my labor and delivery go as well as possible. Lactation consultant Laura was also wonderful.”

“Our experience at the birth place was extremely positive. All of the nurses and doctors were very encouraging and supportive of my desire to have as natural a birth as possible, even though I was induced.”

BirthPlace Satisfaction
(Based upon a 1 - 100 Scale)



MSU-ICU Satisfaction
(Based upon a 1 - 100 Scale)



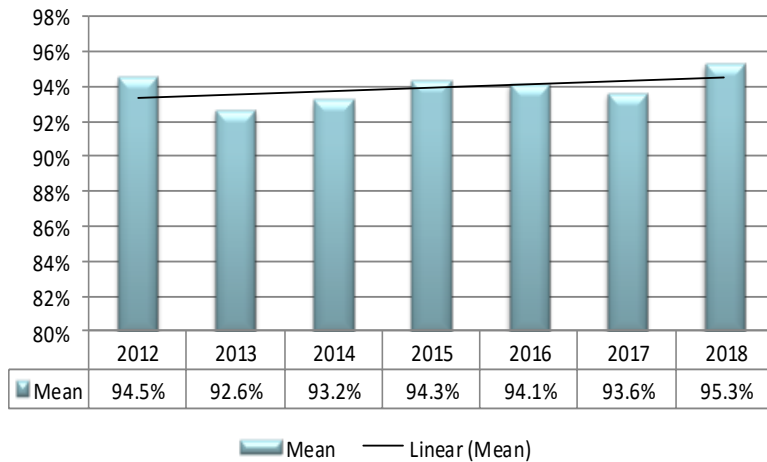
“Very good experience with everyone at hospital. All very courteous & friendly, worked together well with each other, the nurses & CNA's worked together very well. Overall an excellent experience! Thank you!”

“Everyone did their very best to keep comfortable & informed.”

Patient Satisfaction

Community & Customer Satisfaction

Overall Outpatient Satisfaction
Imaging-Respiratory-Summit Therapy
(Based upon a 1 - 100 Scale)



“Very pleasant staff and relaxed atmosphere. MRI tech was very informative throughout the process making sure that I understood what the next process was and therefore I was totally comfortable throughout. Thank you, Tyson!”

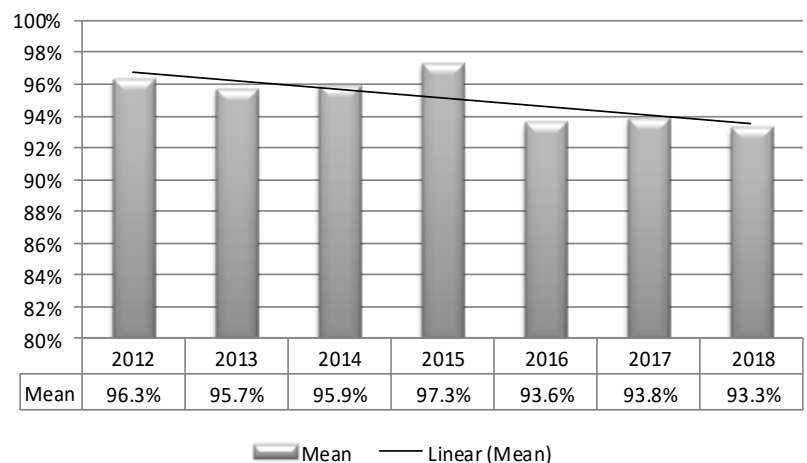
“Holli Parrish is such a good therapist and top of that-one of the sweetest, most respectful people. When working with her as a pelvic floor therapist, with many private and sensitive issues, she handled everything with care, understanding and making sure I was comfortable with everything we did and talked about.”

“Ed is excellent all-around. Listens carefully; provides solid advice and instruction; includes pictures and diagrams on paper where necessary.”

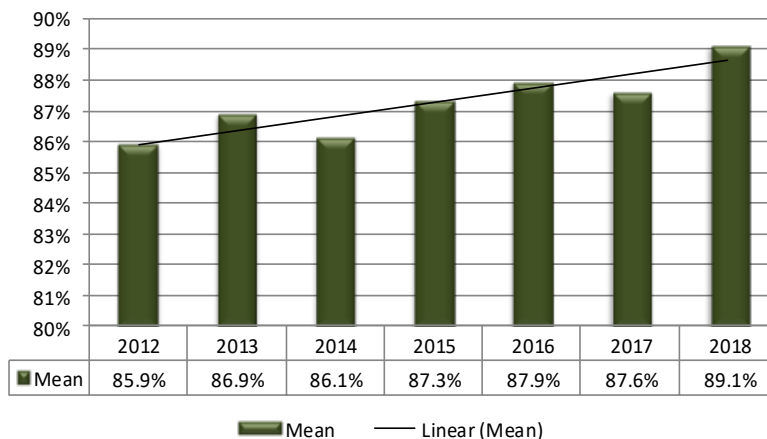
“The staff was very thorough making the procedure a pleasant experience.”

“Excellent! I was made to feel that I was a priority and my fears were respected and understood!”

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



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



“Great clinical staff. I had a very good experience with the Director Ed. He is empathetic, knowledgeable and a very good listener”

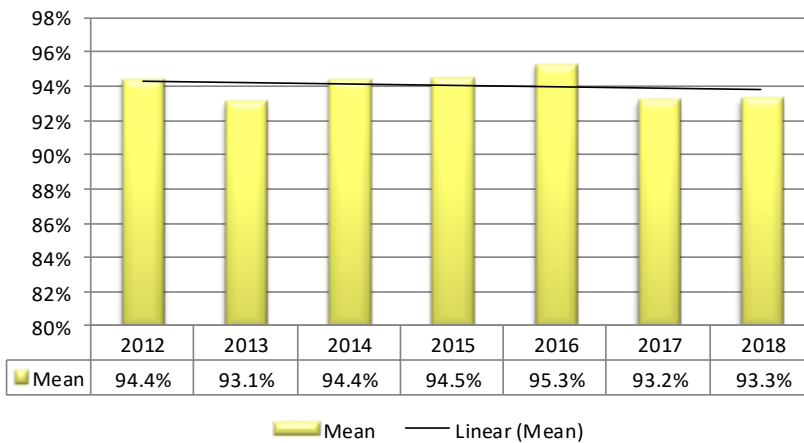
“The best hospital I have been in and the people & staff treat you like a real person & not a number. They really care about you & your health.”

“Our family has consistently chosen PRH over all other healthcare facilities for close to 20 years and we will continue to do so!”

Patient Satisfaction

Community & Customer Satisfaction

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



"The Sleep study examiner and ultrasound tech were great to work with."

"Therapist is knowledgeable and skillful. My condition has improved significantly."

"Don't change a thing!"

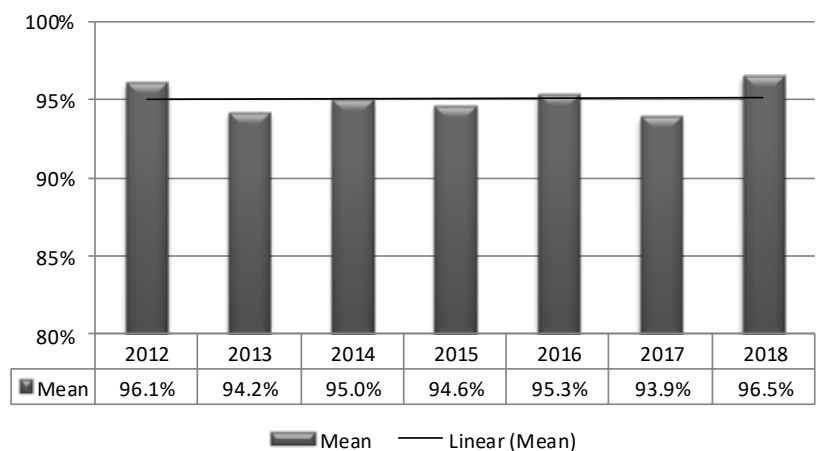
"Pleasant staff, greeted with a nice smile and great attitudes."

"Love picking music & MRI tech has knee related personal experiences."

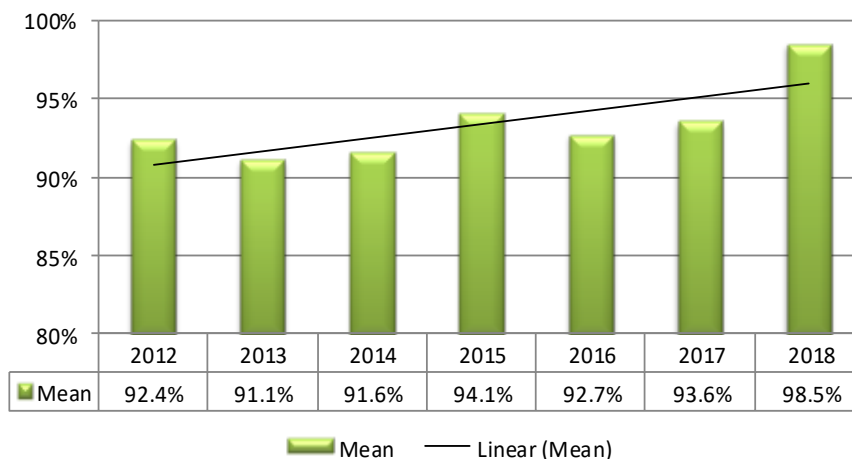
"I loved the lady who performed the MRI. Very comforting & made my time go quickly."

"My MRI technician, Tom, was exceptionally attuned to my comfort and absolutely respectful of my body while providing me additional padding for my head and side. Thank you Tom"

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



Outpatient Rehabilitation - Summit Therapy Satisfaction
(Based on a 1 - 100 scale)
* 2018 includes ST & OT



"I am a patient of Summit for several years and have visited several other PT providers - Summit is consistently the best - clear, professional, effective and friendly - An asset to our community!"

"Ed Robertson is fantastic. He is caring, knowledgeable, willing to take time & explain."

"Christy Gould OT & staff are phenomenal!"

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 Brain Fitness Intervention |
| AMP® Elective | National Go Red® Day |
| Senior Health and Technology Classes | Neill Public Library Outreach |
| Childbirth 101 | Individual Staff Outreach |
| Weekend Childbirth | INHS Telehealth Services |
| Infant Massage | Feeding Team |
| Alzheimer’s Association Classes | BookPeople® PRH Book Exchange Program |
| Healthy Steps Together | National Health Care Decisions Day |
| Honoring Choices | Have a Heart Fund Raiser |
| Wellness for Life Presentations | Fall Caregivers Conference |
| PRH Auxiliary | WSU Coug Health Fair |
| PRH Volunteer Programs | 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 | International Pea and 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 Intermediate | Lupus Fibro Myalgia Support Group |
| Tai Chi Advanced | Good Samaritan Parkinson’s Support Group |
| Prescription Pets | Pullman Relay for Life |
| Chaplain Program | Meals on Wheels |
| Women’s Leadership Guild | 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 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 Hear Monitoring
Hand Hygiene Education
De-Escalation Techniques Courses
WWAMI Tutor Sessions
Whitman Co Local Emergency Preparedness Committee
Physician Excellence
Nurses Recognition Week
Volunteer Appreciation Luncheon
Palouse Discovery Science Center/CLI partnership
PRH Auto Dealers for Health
Art Walk at Pullman Regional Hospital
PRH Foundation Homes for Health
Helinski's Hope Memorial Trivia Night Challenge
Mental Health First Aid
Pullman Police Department Community Lip Sync Challenge

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
Second Opinion

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
WSU Engineering Senior Design Program



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

Total hours given by volunteers (community and student) in 2018 were 15,638 . This equates to \$362,393 in dollars and 7.82 in full time equivalents.

Generosity Inspires

The Generosity Team awarded nine staff members GenerosityHeals funds totaling \$4,121.72 in 2018.

Gift Garden:

We are experiencing steady growth in Diane's Gift Garden, the Auxiliary's major fundraiser for the hospital. All proceeds support patient comfort. Below are the total sales for the last three years:

2018 Total Sales \$135,376

2017 Total Sales \$103,731

2016 Total Sales \$59,674



Below is a summary and some highlights our efforts to engage with the community online, a key marketing strategy.

Website

Top 10 most-visited webpages of 2018

Homepage – 50,935 views

Careers – 23,756 views

New Arrivals – 8,785 views

Financial Services – 7,288 views

Services – 6,753 views

About Us – 6,189 views

BirthPlace – 4,486 views

Health Portal – 3,839 views

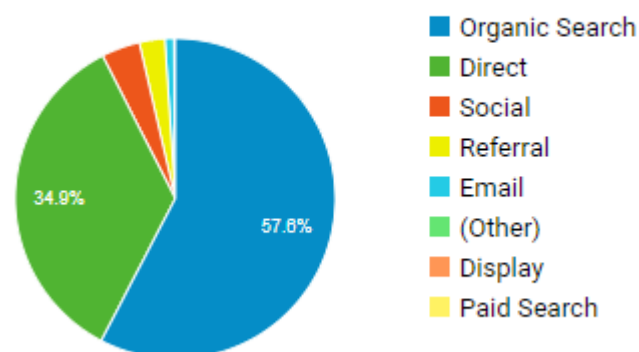
Summit Therapy – 3,820 views

Find a Provider – 3,204 views

Website Acquisition Overview: Organic search is our highest source of web traffic. This means people search for something in Google and click through to our site. Direct traffic is the next highest, which means users type in the URL directly or have it saved in browser bookmarks.

Social media referrals to our website: Facebook is by far the highest referrer to our website, followed by Twitter and Instagram. This makes sense as our Facebook page has the highest amount of followers and engagement.

Top Channels



Social Media

Social media performance continues to increase as we provide more engaging content to our followers. Facebook continues to be our strongest platform with the most engagement; however, Instagram has seen the highest level of growth in terms of followers. Across all platforms, the content that continues to perform best are human interest stories: DAISY awards, patient stories, volunteer highlights, generosity stories, etc.)

Facebook – 2,065 followers

Instagram – 629 followers

Twitter – 1,261 followers

Podcasts

We partnered with Radio MD to launch The Health Podcast in the beginning of 2018 as a way to provide relevant health information directly from our healthcare providers. So far, the podcast has had a steady listenership, and we have received positive feedback from our providers that the process is quick, easy, and fun.

Blog

We recently launched a blog using the HubSpot platform. The goal is to provide valuable, relevant content to drive more traffic to our website, and continue to build trust with potential patients. Blog posts are easily shareable across social media and within e-newsletters.

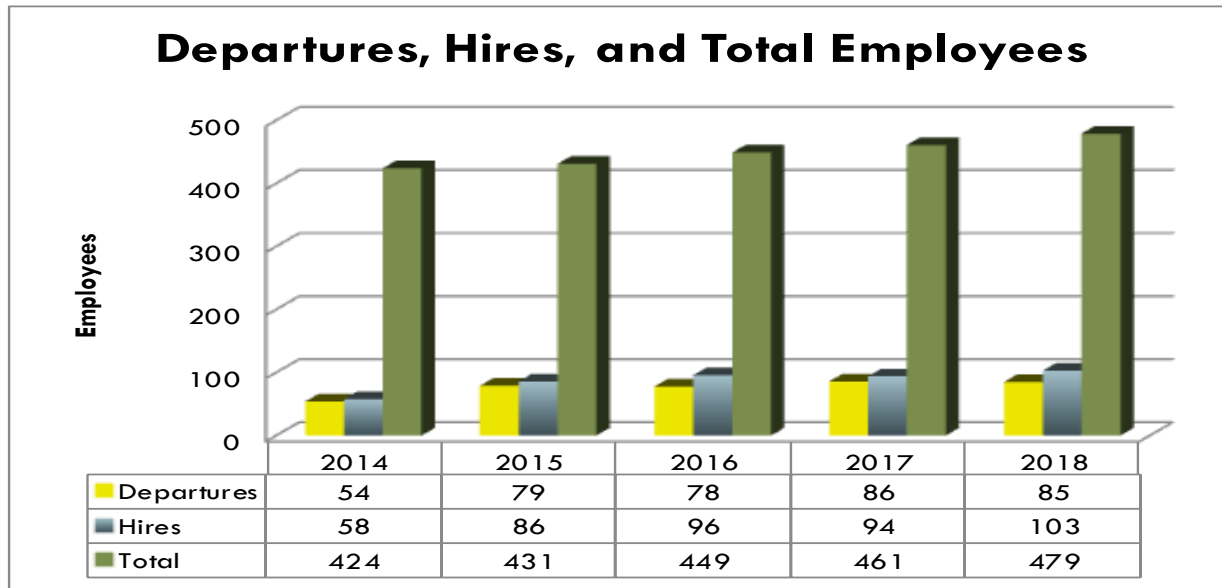
Email Strategy (*Inside Excellence*)

We launched three new e-newsletter series, and a fourth will be launched in 2019. Descriptions and initial metrics are below.

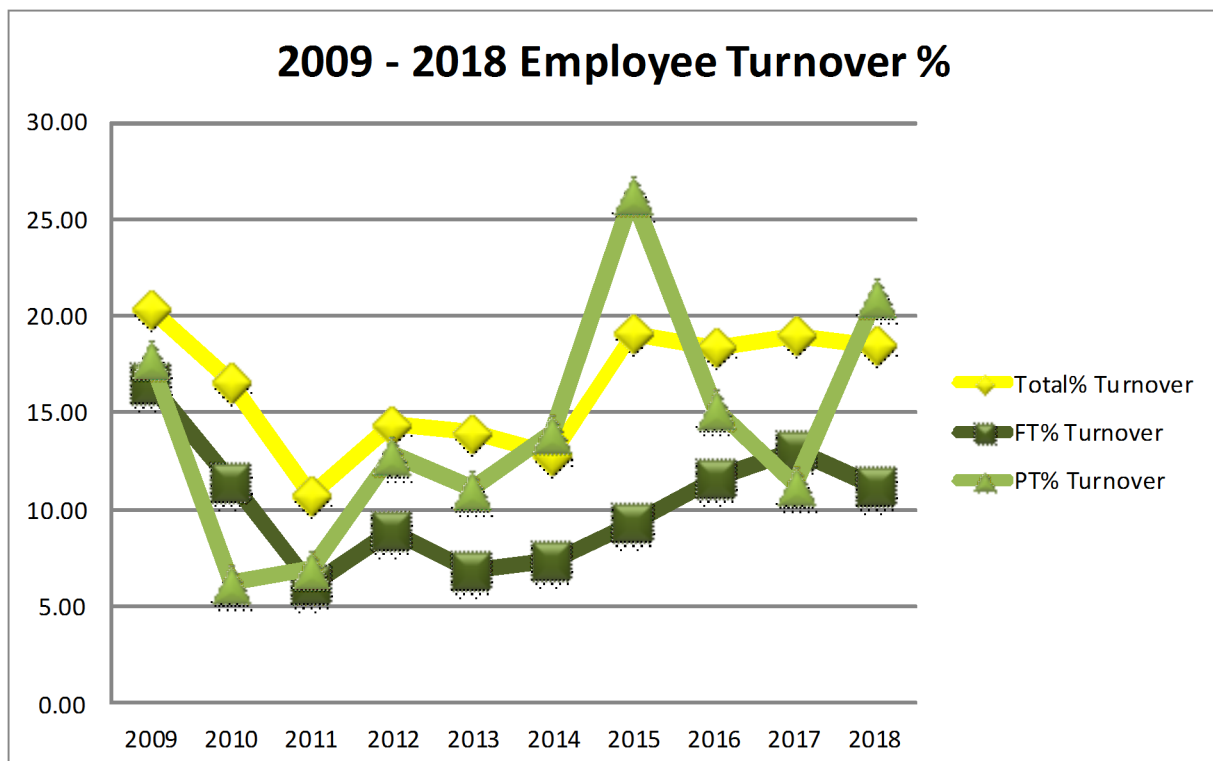
- General E-Newsletter o We're sending out monthly general e-newsletters on the first of each month.
- Goal: educate and engage with patients and potential patients and drive traffic to the website.
- Average open rate: 35% (industry average is typically 15% - 20%)



The past year was another busy year of employees joining and departing from Pullman Regional Hospital. During the year we had 104 folks join us and 85 folks who departed. At the end of 2018, we had 479 employees.



With the arrival and departures, the overall turnover rate for 2018 was at 18.44%. The Full Time turnover rate was 11.19%, and the Part Time turnover rate was 20.91%.



Wellness for Life



Wellness For Life exists to nurture and facilitate a healthier quality of life for our employees. As an extension of the program, we also aim to nurture and facilitate the quality of life of our community members through opportunities that build health and wellness capacity.

There are 4 main areas of Wellness for Life that employees may focus on to learn why they are important and take steps to build habits that will set employees up for success in areas they have determined are important to them. This graph shows the engagement from employees that participated in Wellness for Life and the areas they participated in.

[Lookback] Engagement Summary Chart - Key Item Completion

Participant Engagement Levels
Pullman Regional Hospital 2018: 2018-01-03 - 2018-12-17



Specialty Certifications

Employee Engagement

| First Name | Certifications | First Name | Certifications | First Name | Certifications |
|-------------------|----------------|-------------------|----------------|-------------------|-----------------------|
| Scott Adams | FACHE | Ginny Gosse | CCRN | Linda Rauch | RNC |
| Jennifer Anderson | ARRT(M)(CT) | Charles Gunkle | RNC | Amy Richards | ARRT(CT) |
| Kells Ausman | RNC | Leah Haak | CDR | Erin Richardson | CDM CFPP |
| Ginny Berg | CEN | Randy Hartig | CNOR | Izzie Roepke | RNC |
| Nicoline Blaker | RNC | Debbie Heitstuman | CPHQ | Anna Rubalcava | CNOR |
| Bonnie Brown | RNC | Rebekah Herdon | CCRN | Roseann Sargent | ARRT(CT) |
| Charles Butler | CEN | Jesse Holcomb | CNOR | Ben Schacher | CNOR |
| Brenda Champoux | ARRT(M) | Mark Houghton | CCRN | Kai Seshiki | NATA |
| Lynne Cooper | CEN | Julie Jenks | ANCC | Helen Shores | ARRT (N)(M)(CT)/NMTCB |
| Lisa Cordodor | CNOR | Jamie Johnson | ARDMS | Bill Siegwarth | ARRT(CT) |
| Tyson Cranston | ARRT(CT)(MR) | Tom Johnson | ARRT(CT)(MR) | Stephanie Smick | CMSRN |
| Steve Cromer | CNOR | Keri Jones | ASHA | Dan Swan | ARRT(CT) |
| Sheri Cutler | CPHIMS/CPHRM | Laura Keogh | IBCLC | Austin Swopes | ARRT(CT) |
| Lindsay Davies | ARRT(CT) | Lyle Lowder | ARRT/NMTCB | Jennifer Thomas | RNC |
| Eileen Davies | CCI | Brigitte Lowe | ARRT(CT) | Nicole Weiss | RNC |
| Frances Davies | NBCOT | Kim Lunsford | CNOR | Kaliub Whitman | RNC |
| Kim Devich | CNE | Joyce Marshall | CDR | Catherine Wilkins | CPEN |
| Heather Dixon | AHIMA | Cathy Murphy | CAPA | Betsy Wilson | ASHA |
| Nancy Downs | ARRT(CT) | Peggy Myers | ARDMS | Dianna Wise | RNC |
| Anna Engle | ANCC | Tawny Nichols | RNC | | |
| Renee Ewing | CEN | Carol Owings | RNC/IBCLC | | |
| Melissa Francik | CDR/WellCoach | Jordan Peters | ARRT (R) | | |
| Lacey Frei | ARDMS | Justin Peters | ARRT(CT) | | |
| Sandy Frisbey | AHIMA | Darin Porter | ARRT(CT)(RRA) | | |
| Andi Gallagher | ARRT(M)(MR) | Brian Poxleitner | ARRT(CT) | | |
| Jami Gilkey | ARDMS | Acacia Prather | RNC | | |

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

2018 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.

Pathways to Excellence

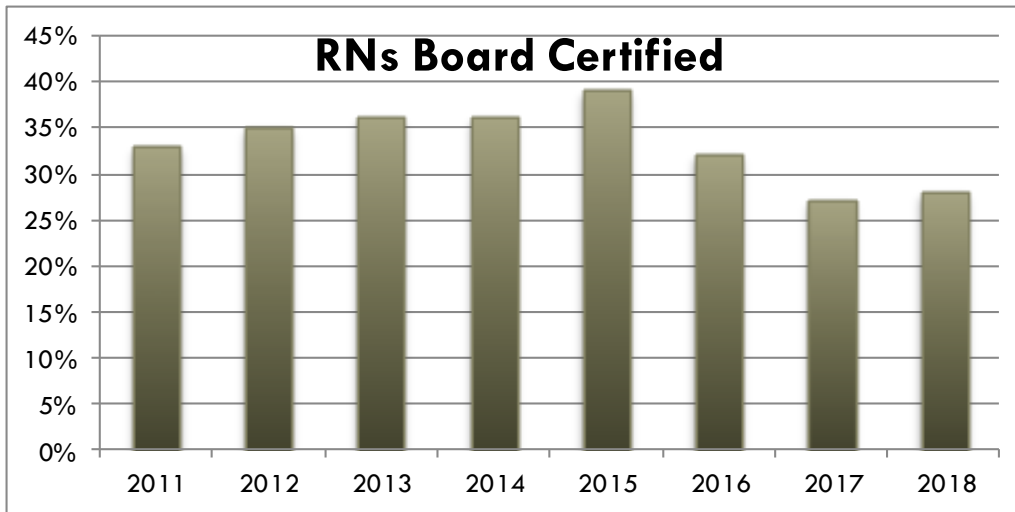
Pathway to Excellence (PTE) is a program through American Nurses Credentialing Center (ANCC) that when implemented promotes a positive work environment. These organizations are deemed the best places to work for nurses, with high nurse satisfaction and retention. Along with increased nurse satisfaction 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.



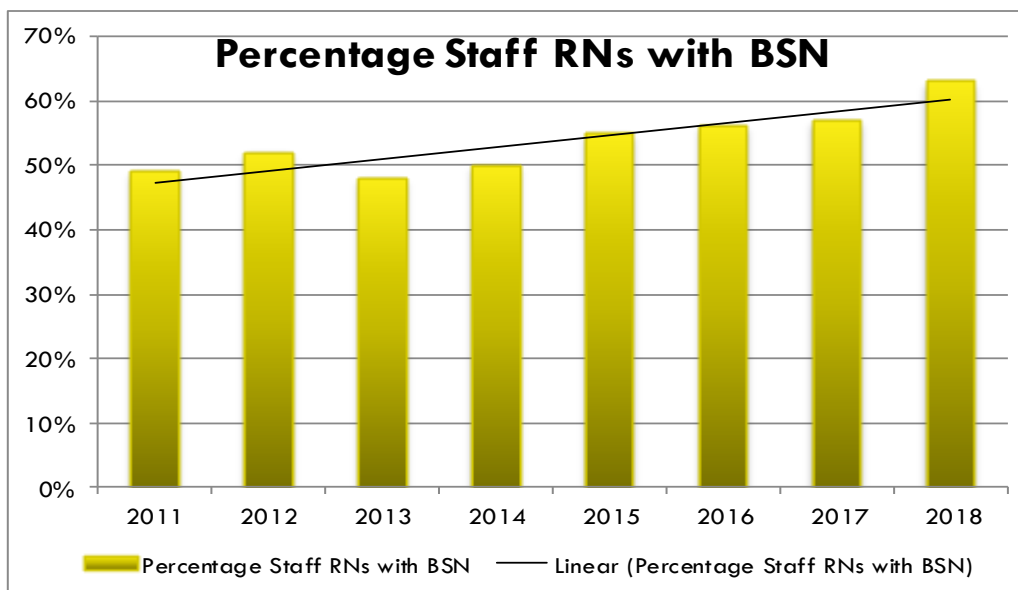
This journey for Pullman Regional Hospital began in earnest in the spring of 2017. The PTE Steering committee continued to meet on a regular basis throughout 2018. In May, the steering committee conducted another survey to evaluate our progress in meeting the six practice standards. We discovered that while many of these things are in place at Pullman Regional Hospital, a large number of nurses remain unaware of what the organization does. One of our goals for 2018 included increasing the awareness of the nursing staff about what is available to them and what occurs throughout the organization to support our nursing staff.

While we originally hoped to submit our application Spring 2018, The PTE steering committee decided to postpone the application until Fall 2019. Once our application is submitted, we have up to a year to submit our documents highlighting how Pullman Regional Hospital meets each element of performance (including specific examples). We believe this process will improve the already great culture we have here at Pullman Regional Hospital.

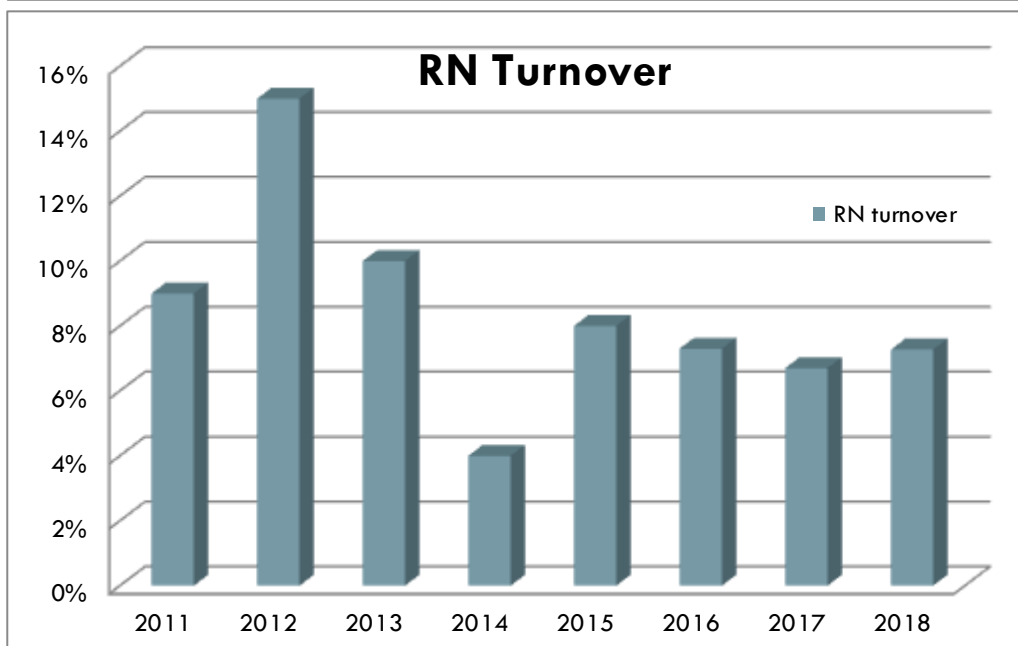




One of the components of Pathway to Excellence is professional development of the nurse. Here at Pullman Regional Hospital the staff are encouraged to pursue their BSN or Board Certifications in areas of interest.



Nationally, the goal is to get hospital nursing staff to 80% BSN prepared nurses. PRH is at 63% and the national average is 51%.



RN turnover rate continues to remain below 7% at 6.7%. We have remained below 8% RN turnover for the last 5 years.

Physician Excellence Award

Dr. Ric Minudri



Physician Excellence Award:

Ric Minudri, M.D. received the Physician Excellence Award in 2018.

Employee of the Year was Amanda Gray in Surgical Services

Nurse Excellence Award went to Jenny Thomas RN, Clinical Coordinator

Volunteer of the Year was Anne Williams

Auxiliary of the Year was Sharon Adams

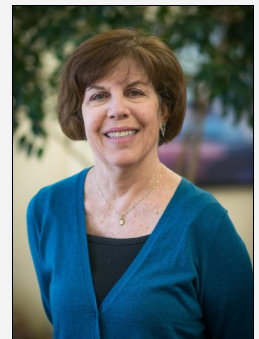
Employee of the Year
Amanda Gray



New Commissioner Appointed:

Karen Karpman is a trained clinical neuropsychologist and a 20 year resident of Pullman, WA. She worked as a clinical psychologist in private practice in Pullman since 1998 until her retirement in 2015 during which time she was a member of the allied health staff of the hospital. Karen is a member of the Women's Leadership Guild, Pullman Regional Hospital Auxiliary, and the hospital's Ethics Committee. "As a patient, I have witnessed first-hand how important it is to maintain the highest level of compassion and quality care for the people served by Pullman Regional Hospital."

Nurse Excellence Award
Jenny Thomas



A YEAR IN REVIEW – 2018

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:

550 Full-time (345) and Part-time Employees (205)

154 Medical Staff (62 in active membership)



As a team we served:

1,666 Men, Women, Children, & Newborns as inpatients

83,020 Individual outpatient visits

43,391 Clinic visits

That Totals:

4,284 Patient Days (including newborns)

353 Births at the hospital

826 Equivalent Observation Patient Days

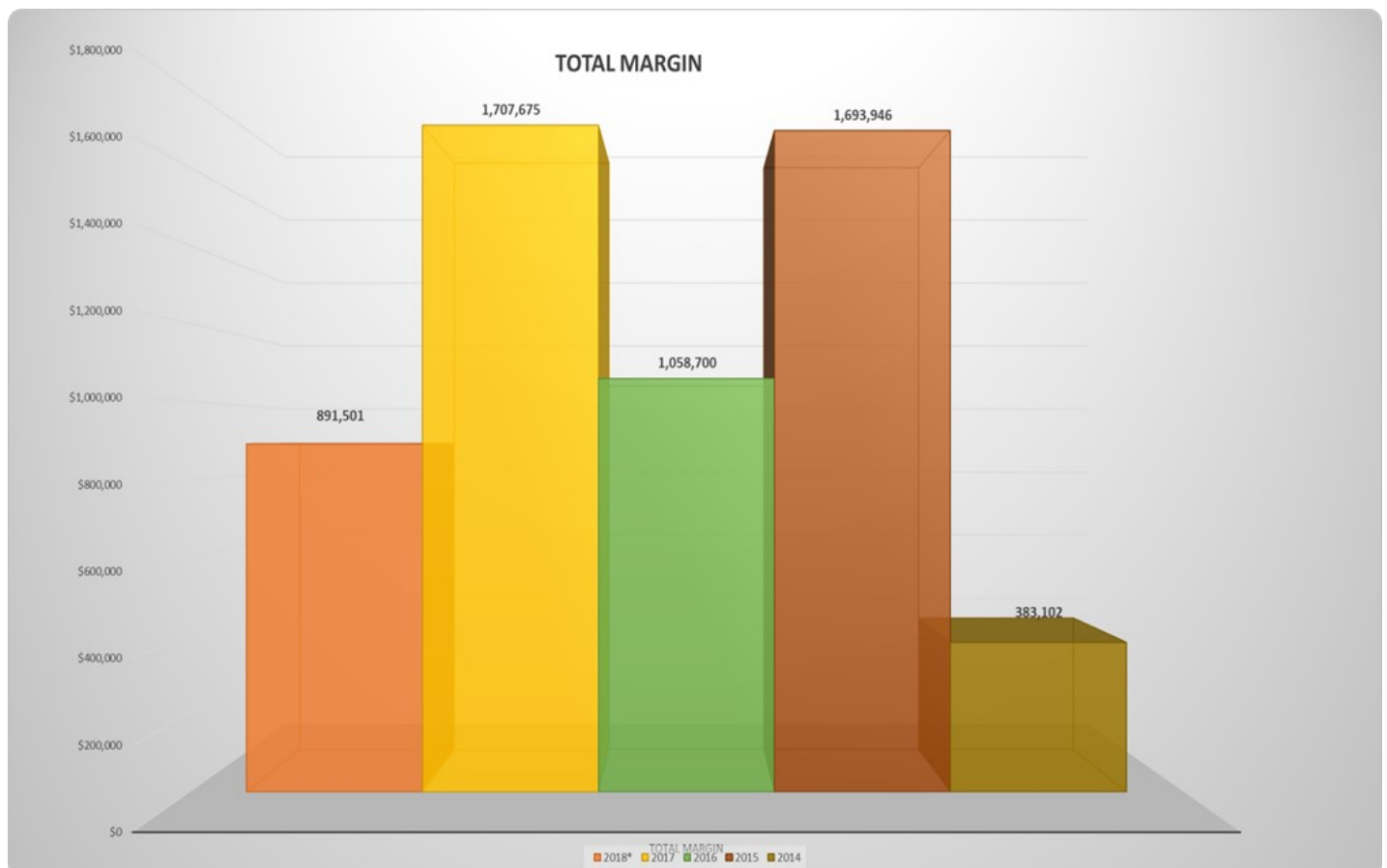
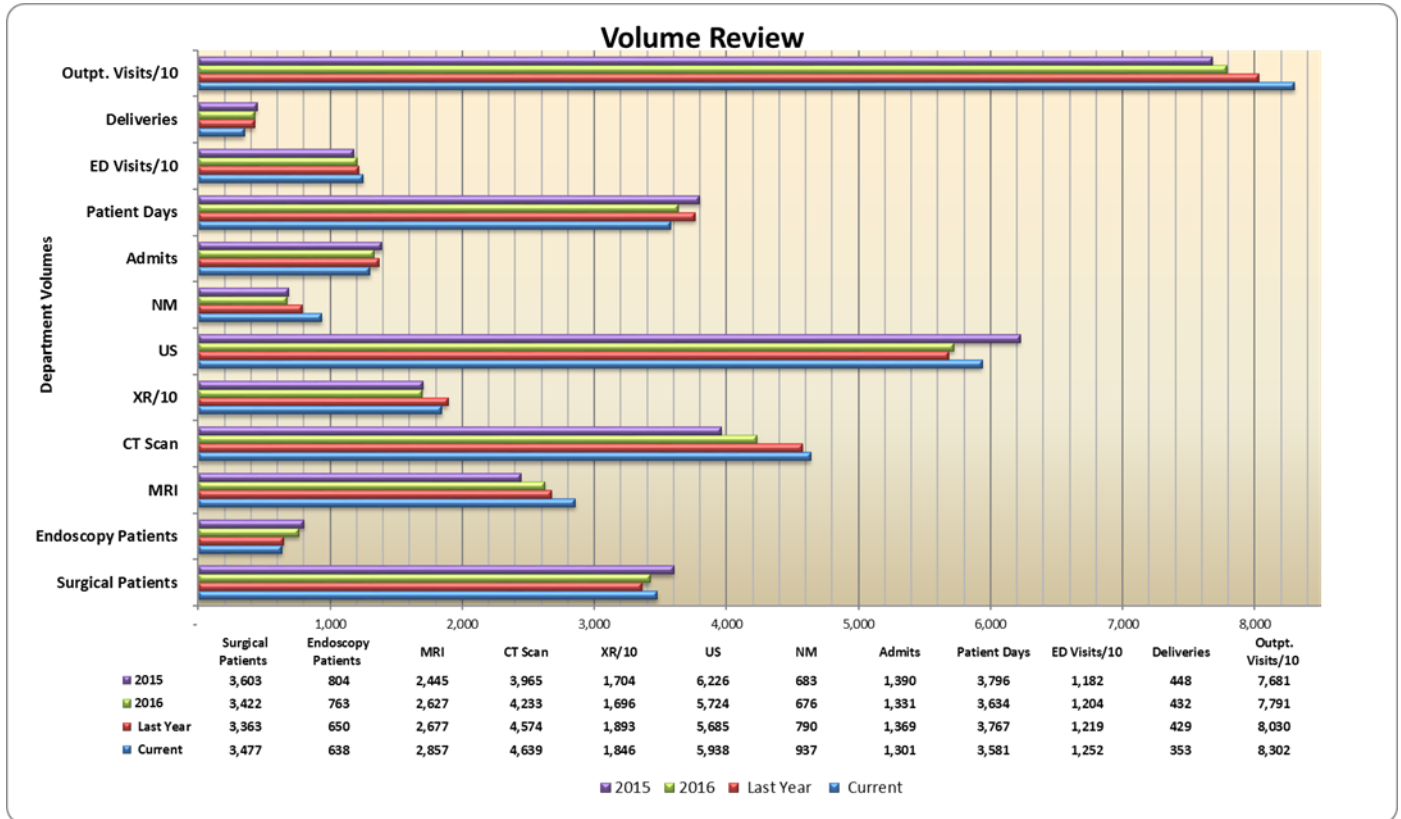
19,832 Observation hours of care

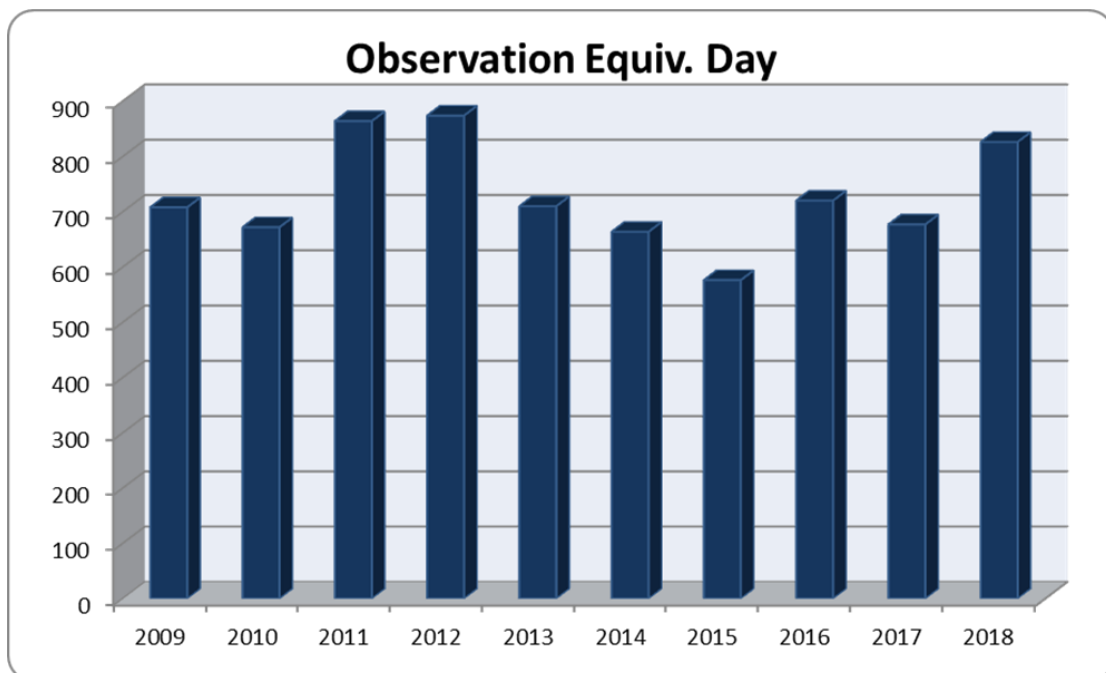
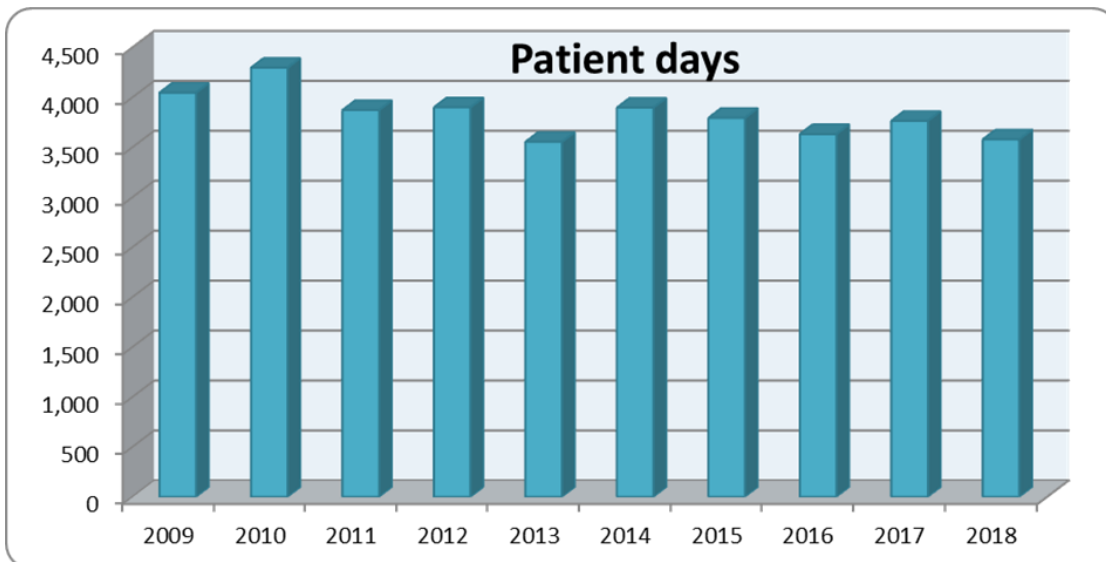
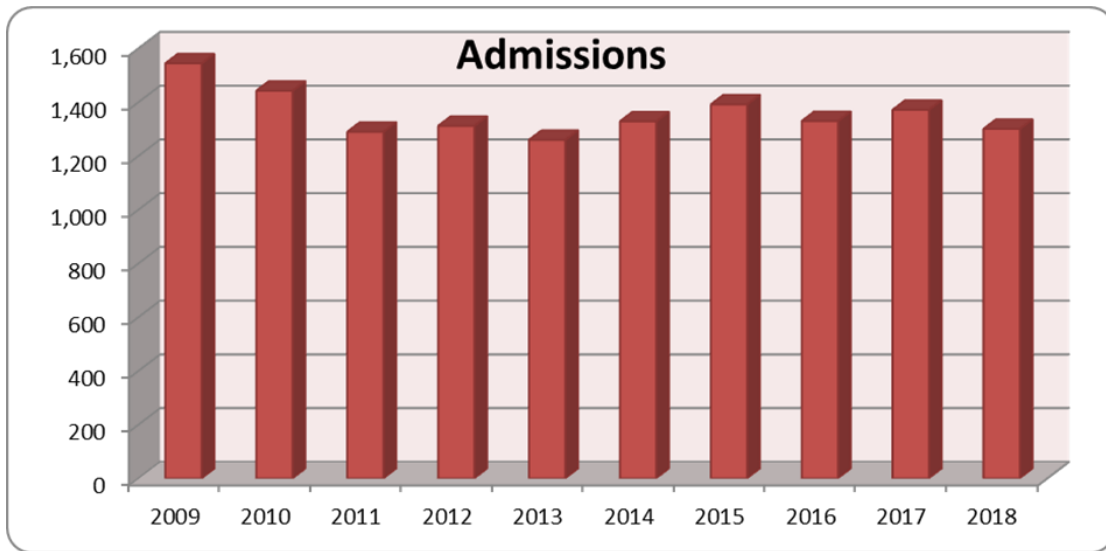
12,523 Patients entered our Emergency Department

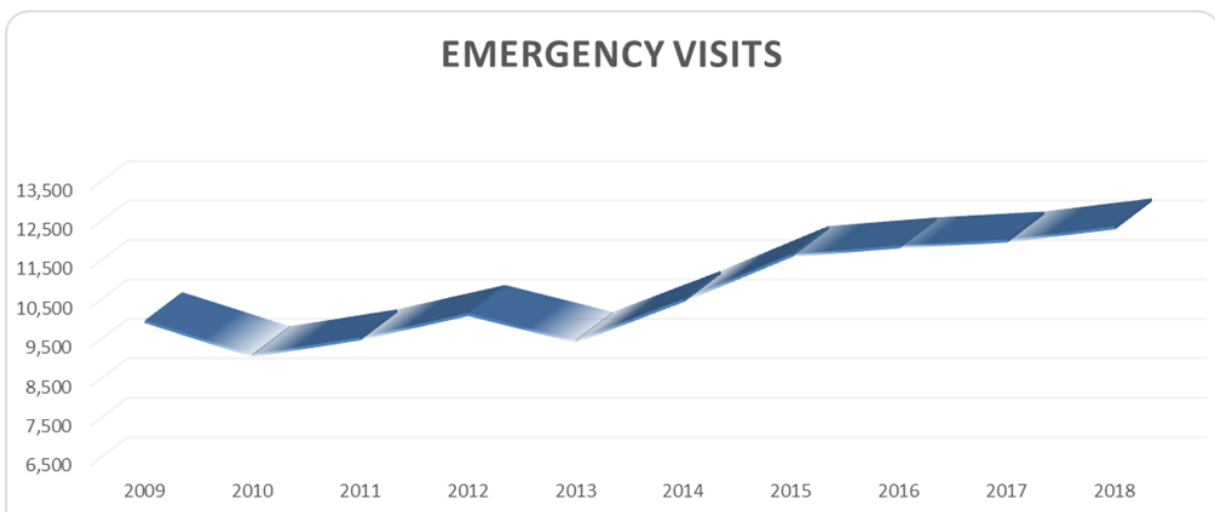
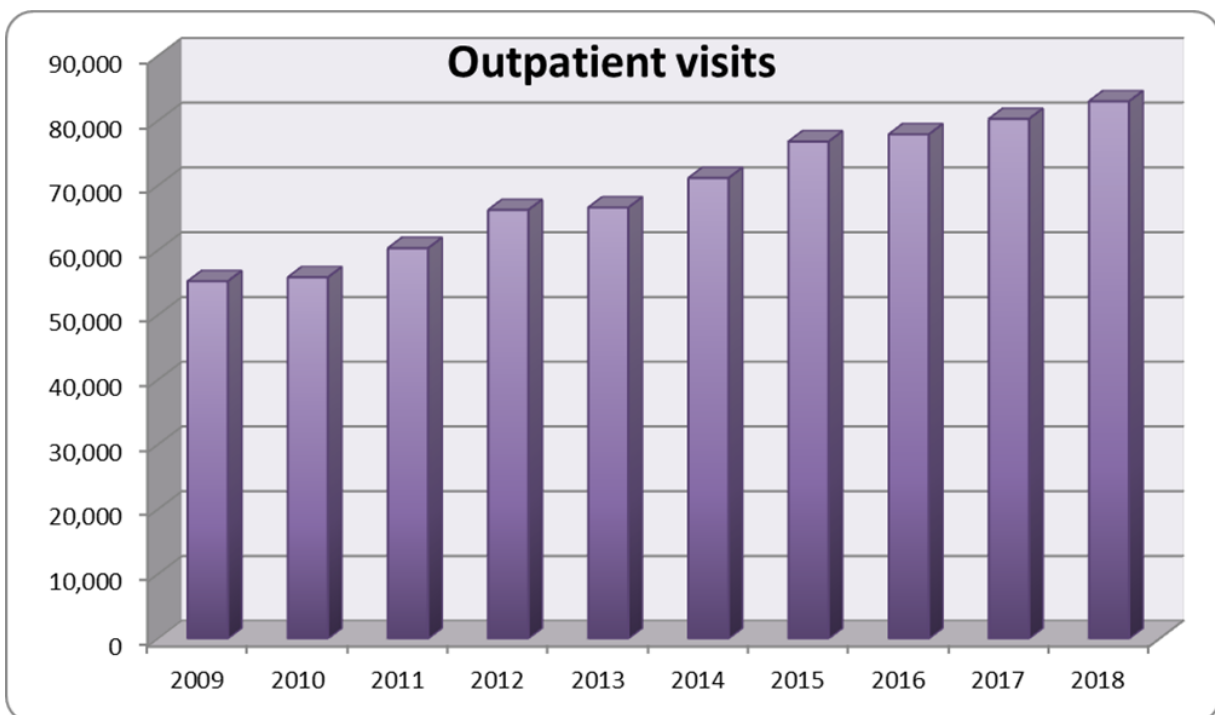
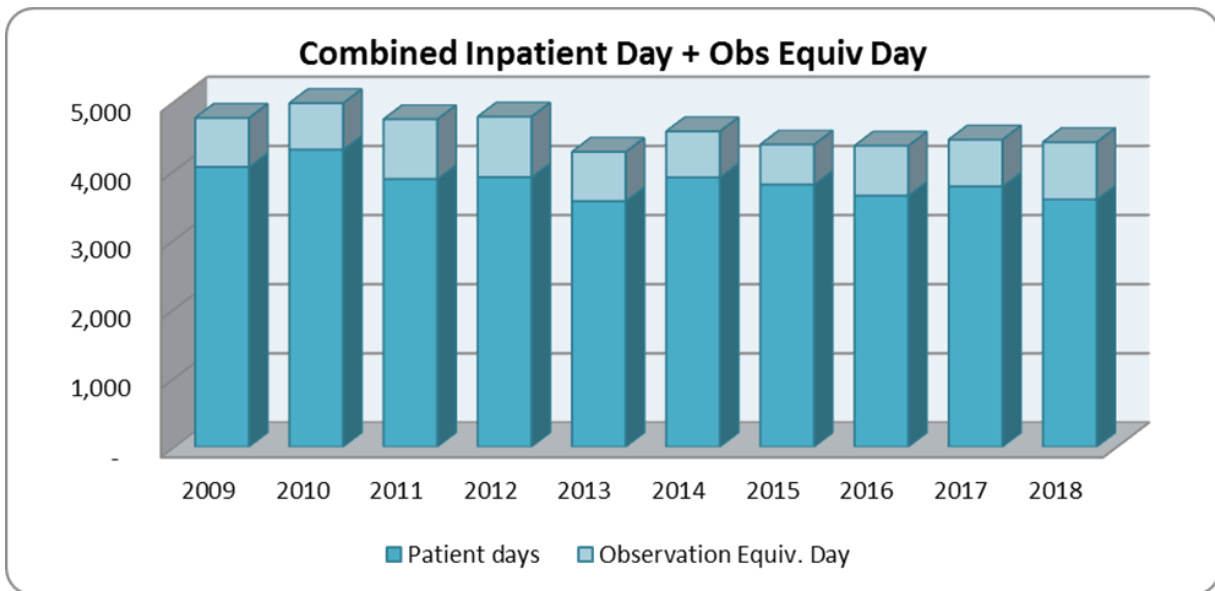
108,264 Laboratory tests were performed

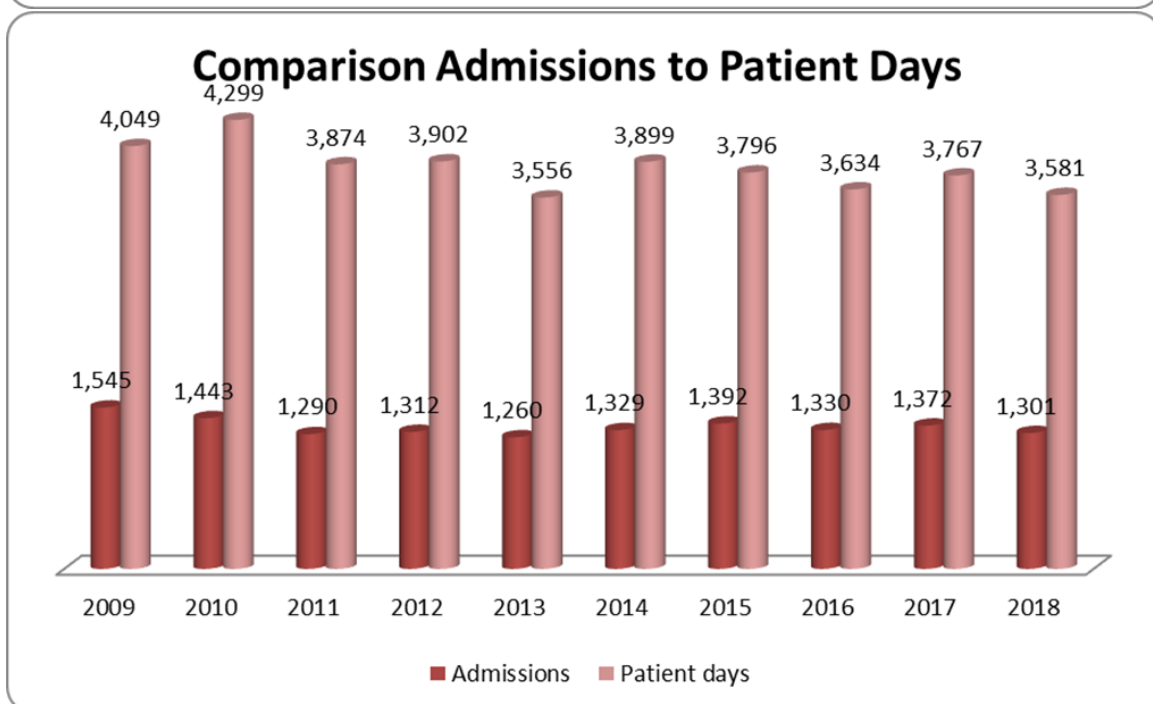
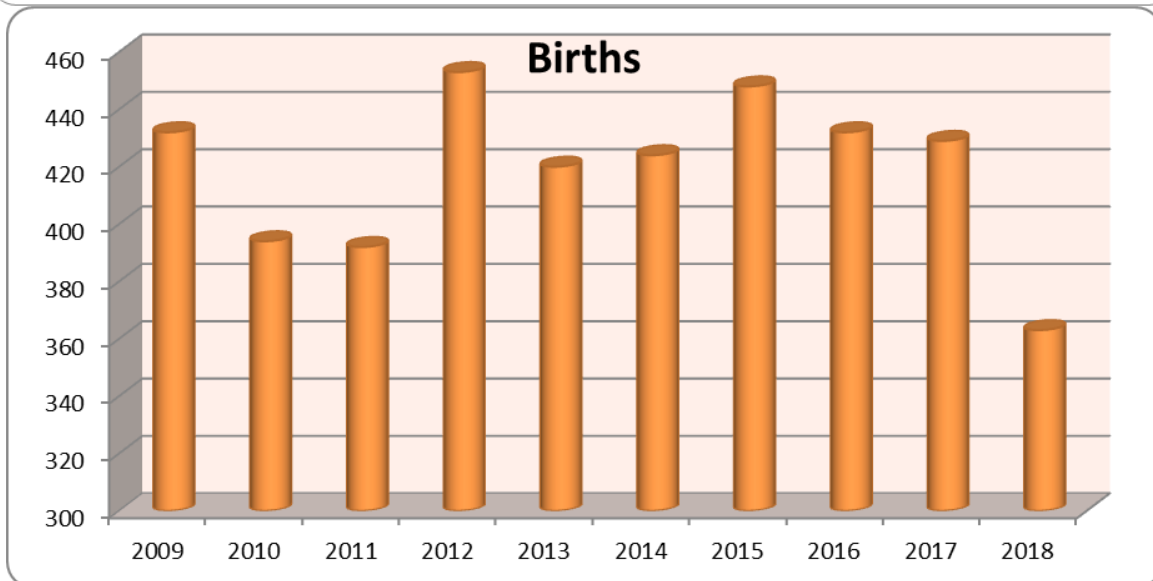
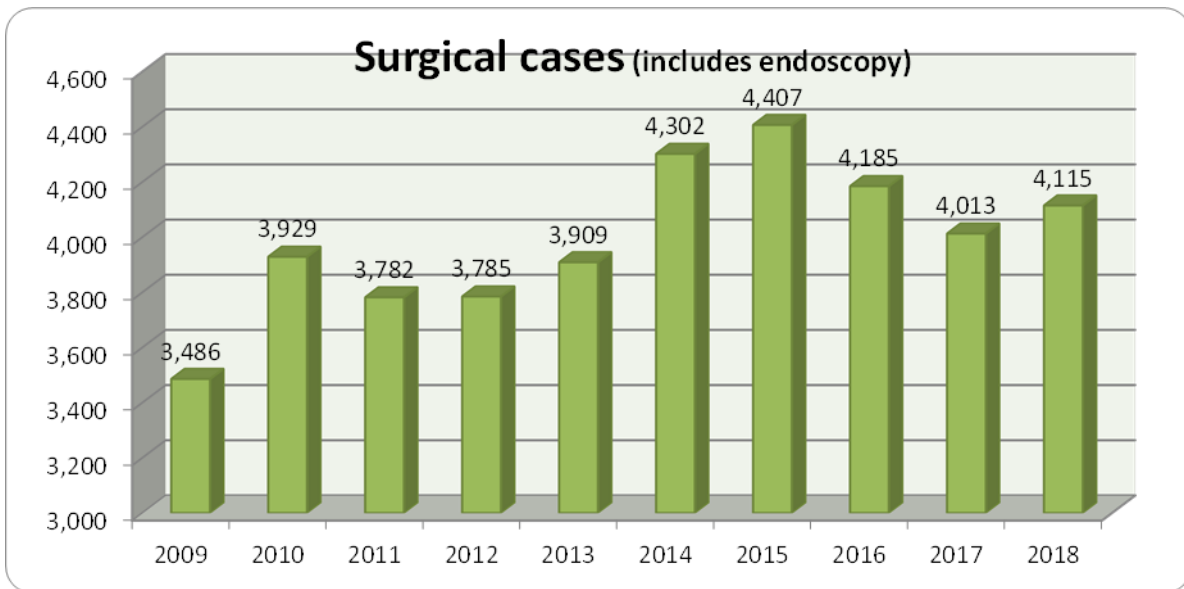
32,835 Diagnostic Imaging studies completed

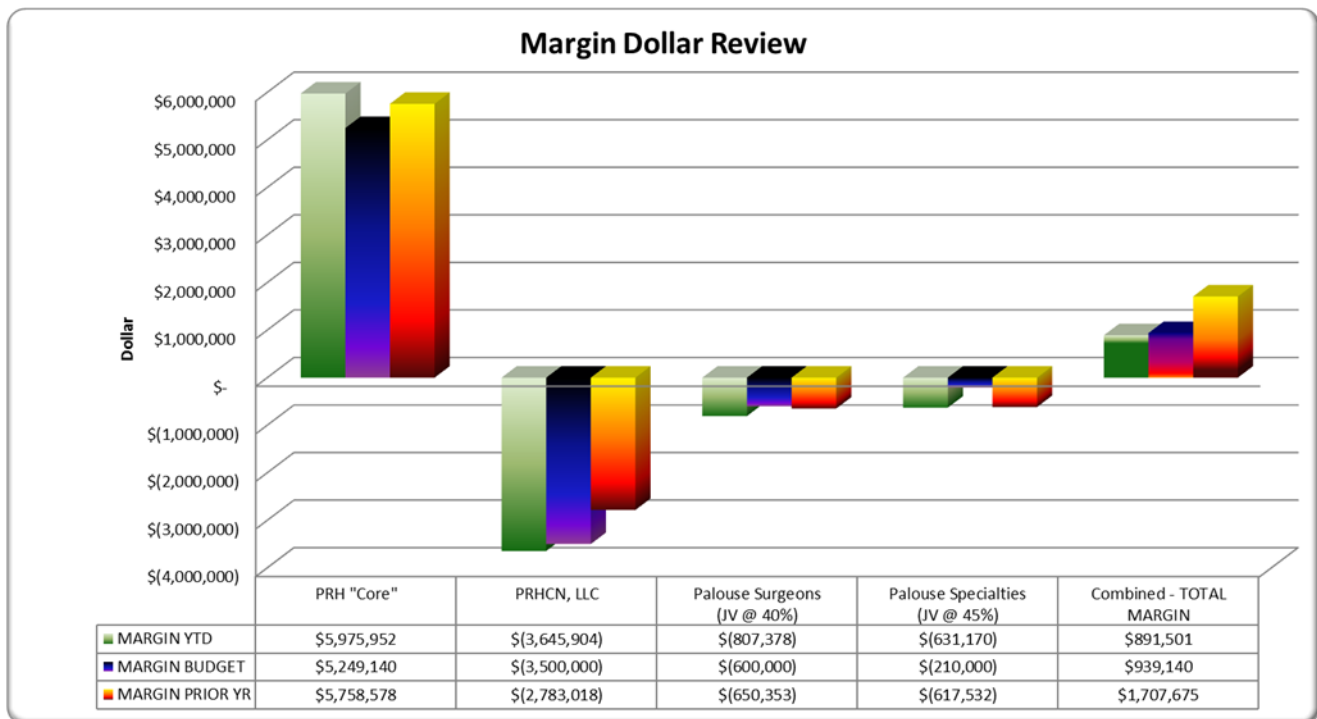
4,115 Surgical patients, 84% surgical vs. 16% endoscopy











Pullman Regional Hospital Vital Signs

| Pullman Regional Hospital | 2014 | 2015 | 2016 | 2017 | 2018 |
|--|--------|--------|--------|--------|---------|
| Patient Days | 3,899 | 3,796 | 3,634 | 3,767 | 3,581 |
| Patient Admissions | 1,329 | 1,392 | 1,330 | 1,372 | 1,301 |
| Surgical Cases (including endoscopy) | 4,302 | 4,407 | 4,185 | 4,013 | 4,115 |
| Births | 424 | 448 | 432 | 429 | 364 |
| Observation Hours of Care | 15,931 | 13,832 | 17,286 | 16,250 | 19,832 |
| Diagnostic Imaging | 29,114 | 30,357 | 30,220 | 32,652 | 32,835 |
| Emergency Visits | 10,680 | 11,818 | 12,038 | 12,188 | 12,523 |
| Laboratory Tests | 90,218 | 93,924 | 96,636 | 99,570 | 108,264 |



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 2019 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

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 2018 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 2018 came from Clinical Informatics, BirthPlace, and Medical-Surgical unit. 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 2018, 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 2018, 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!



New EMR Search - Efforts to find a replacement for our current EMR (Electronic Medical Record) system began in late 2017 and continued throughout 2018. The search committee, along with many physicians, nurses, and other staff, participated in the review of 3 different EMR systems; Cerner, Meditech, and EPIC. Reference calls were made and site visits were completed to view the systems in action. After much consideration and discussion, Cerner was voted out, leaving Meditech and EPIC in the final running. A final decision will be made in 1st quarter 2019 after contracts and cost proposals are considered. With a new EMR system, Pullman Regional Hospital will be the initiator of a community-wide electronic medical record that connects medical offices and hospitals in the region and the State.

Electronic Prescribing Controlled Substances (EPCS)—Beginning in January 2020, providers who care for Medicare patients will be asked to electronically prescribe controlled substances. The Institute of Medicine's report on the role of e-prescribing in reducing medication errors received widespread publicity, helping to build awareness of e-prescribing's role in enhancing patient safety. Opioid addiction, drug diversion and overdose deaths are among the primary forces driving the push toward EPCS. Three of our providers are currently using EPCS successfully. Other providers will be set up for EPCS in the coming year.

Nuance Dragon Medical One— A certified healthcare speech recognition software has been introduced to our hospitalists and emergency providers and is fast becoming a normal part of their workflow. Those using the system say that it has improved their productivity and satisfaction. After trialing Dragon for operative dictation, one surgeon is now using it for all of his operative reports. Personalized templates built in Dragon can diminish the frustration of time spent on clinical documentation.



Forward Advantage – Provider documentation (pdoc) notes that have requests for “Copies to” now have an automatic electronic transmission system in Forward Advantage. This is the same system that currently transmits laboratory and radiology results to providers who are not interfaced with our Meditech EMR. We are now sending copies of Emergency Department Reports, Consults, History & Physicals, and Discharge Summaries to PCPs or clinic practices as requested. These copies are sent via secure fax to the provider(s) selected to receive the reports.

MBQIP - Pullman Regional Hospital continues to participate in the Medicare Beneficiary Quality Improvement Project (MBQIP). The goal of MBQIP is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting and then driving quality improvement activities based on the data. Clinical Informatics continues to collect and report CMS inpatient and outpatient quality measures on a quarterly basis. We work in collaboration with the Quality department to interpret data reports and graphs which compare CAH's in our state.

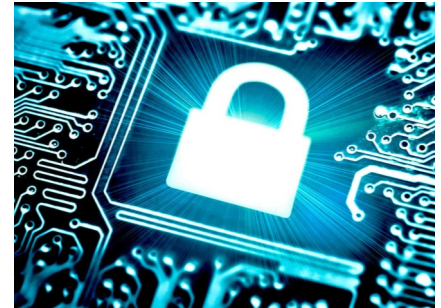
Pullman Regional Hospital's Information Technology Department continues to advance the security of our electronic systems with hardware and software upgrades. In 2018 it brought many advancements including:

DataCenter Upgrade:

We built out a new datacenter and migrated all 120+ servers to the new platform.

PRHCH Administration Office:

We set up the PRHCN Administration office in a couple of different locations ending up at the Edison Center.



Cardiology practice ongoing:

Spent a lot of time tweaking technology and services for the Cardiology office.

Annual HIPAA Security risk assessment:

We had our yearly HIPAA Security risk assessment. Purchased the Nessus Network Vulnerability solution to pre-emptively scan our internal and external network for weaknesses, which we can then mitigate.

Exchange Upgrade:

Started the upgrade and migration of our email environment and the 700+ mailboxes associated with it.

Workstation and Server OS Upgrades:

Began to upgrade all 330+ workstations and 100+ servers to Windows 10 and Server 2016 respectively. This is due to Windows 7 and Windows Server 2008 going to end support Jan 2020.

Pulmonology Office:

Started building out the new Pulmonology Office at Corporate Point.

Platform Upgrades:

Upgraded and installed new servers and applications throughout the year. Obix, Pyxis, ScribeX, AeroScout, RALS, Citrix, wireless infrastructure, Vocera, Avamar, Practice Perfect, Centricity, Data Domain, Cisco ASA, Ironport, VXRail to name a few of the major platforms that requirement multiple updates a year or were new platforms to support.



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 eleventh time Pullman Regional Hospital has received this award (2007-2018).

Social Work

Inpatient social work continues to be very busy with physicians requesting 137 social work consultations in 2018 and over 1062 patient contacts spread throughout every department of the hospital. In addition to serving patient needs the social work department supports two types of internships; bachelors level Social Work Extender internships to Human Development students at WSU and master's 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 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 Adult Day Health.

Utilization Management

The role of the utilization nurse continues to become more important as insurance requirements become more complicated and the requirements for physician documentation become more stringent. As a result of these factors a good deal of time was spent on education of physicians in 2018 around appropriate status (inpatient, observation, and extended recovery) and how to document to justify status. This ongoing effort by our nurse results in fewer denials by insurance.

When insurance does deny Med Management assists in appealing those decisions. In 2018 14 denials were appealed, with 3 of those requiring a level 2 appeal process, resulting in \$150,513.85 being recouped for the hospital.



Transitional Care Nursing

In the spring of 2018 we began our transitional care program as a way to serve our community and reduce hospital readmissions. The coordinator for this program is an RN who, along with the interdisciplinary team, screens inpatients for those who meet the program criteria. The nurse first meets with the patient in the hospital to explain and offer the program, for patients who choose to enroll she then does a home visit within 7 days of discharge to do an assessment and develop a care plan. The RN assists the patient with medication management, communication with other care providers, and is available to go to a doctor's visit if that is indicated, for up to 2 months after discharge from the hospital, all at no cost to the patient.

35 patients were offered TCN program and 29 enrolled for services in the last half of 2018.

Integrated Behavioral Health Care

For the past 15 months Pullman Regional Hospital has provided behavioral health services at Pullman Family Medicine. A Licensed Independent Clinical Social Worker has been in the clinic 4-5 hours a week to see patients referred by their primary care doctor for therapeutic services. In 2018, 59 patients received behavioral health services at PFM.

Pullman Regional Hospital also continues to support Palouse Medical by providing Health Psychology services in the clinic 20 hours a week and Palouse Psychiatry and Behavioral Health by providing a social worker to complete the pediatric psychiatry intakes.

Advanced Care Planning

2018 was a busy year for the Advance Care Planning team. The team consists of one part time employee and six volunteer facilitators who completed 114 sessions in 2018. Of those completed sessions 110 returned their completed documents to be scanned in to Pullman Regional Hospital's electronic medical record. Six educational opportunities were offered in 2018 and approximately 152 participants attended. The team also submitted an abstract titled "Building an Advanced Care Planning Team in a Rural Community" to the Respecting Choices National Conference which was accepted for presentation.

Critical Incident Stress Management

The CISM team received 7 separate requests for debrief following stressful events in the hospital. In total 11 debriefs were offered to make it as easy as possible for staff who work varied shifts to attend. Four individual debriefs were provided to staff who felt they needed extra support, including staff at Pullman Family medicine after a stressful event in the clinic.

Palliative Care

In the spring of 2018 Pullman Regional Hospital started an inpatient palliative care program. The palliative care program is an interdepartmental effort with core team members from nursing, pharmacy, hospitalist service, and care coordination playing key roles. Between May and December of 2018, 111 patients were screened for PC services with 84 of those patients meeting criteria and 9 patients enrolled in ongoing services.



Swing Bed Service

Our utilization management nurse took on the role of swing bed coordinator in 2018. Designating a coordinator allowed us to streamline the process which has made it less complicated for physicians to transfer patients into swing bed and ensure a smooth transition for patients.

In 2018 we served 28 patients in the swing bed program for a total of 249 patient days, more than doubling the utilization of swing bed since 2017.

Circles of Caring

A Pullman Regional Hospital employee continues to provide care coordination services at COC 20 hours a week. Because of this collaboration in 2018 we were able to incorporate COC as a site for Social Work Extender students. This has been an excellent partnership, providing additional assistance to COC staff and an exceptional experience for the students working with a diverse population. The students have offered enthusiastic feedback about this placement as they are getting an experience not available at any of the other sites.

Accountable Care Organization

The Care Coordination Department has been supporting the ACO efforts of our clinic network. Our transitional care nurse worked with Pullman Family Medicine to get the required annual wellness visits started helping the clinic to develop process for the visits and was then able to pass that work off to a PFM nurse. She then began working to get the Chronic Care Management program, another ACO requirement, up and running enrolling 1 patient before the end of 2018.

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 2018, the CLI assisted in faculty research, expanded collaborations, and continued to improve and market the Speech Sounds Visualized App.

The Center for Learning and Innovation continues to partner with faculty on research and student centered projects. In 2018, an engineering design class from Washington State University's Mechanical and Materials Engineering program designed a wearable arm sleeve simulator and chest tube simulator. We continue to look for opportunities to collaborate with WSU faculty and ways to improve the patient experience.

Through expanding education outreach and building new collaborations with area businesses, the Center for Learning & Innovation is having an impact on our community. In 2018, the Center for Learning & Innovation expanded its partnership with the Palouse Discovery Science Center to provide education and inspire youth through an interactive exhibit. In addition, outreach efforts were expanded by offering community education classes such as the Aging Mastery Program for seniors.

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. Launched in December 2017, the app sold more than 500 units in 2018. The development team continues to upgrade the app based on consumer discovery and user feedback.



2018 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.



During 2018 the Whitman County Health Network again focused on issues and activities related to the overall vision of the Network as stated below.

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.



Specific efforts carried out in 2018 include:

- County wide community assessment
- The receipt of practice transformation grant from the Greater Columbia Accountable Communities of Health (GCACH)
- Designation as a local health improvement network by GCACH focusing on ACEs training in county public schools
- The Yakima Valley Farm Workers opened the dental clinic in Fall of 2018



Summit Therapy & Health Services

Summit Therapy and Health Services 2018 In Review

The department continued to have growth in overall volume this year by **3.2%**. The most notable increases were in the following service lines; Genetic Counseling **17%**, Speech Therapy **10%**, and Inpatient Rehab **6%**.

This year, our focus has been in the area of collaborative efforts within our department, the hospital and the community.

Pelvic Health Program

What had previously been known as Women's Health has now evolved into the Pelvic Health Program, with the addition of services to address pediatric and men's pelvic health conditions. In addition to **Kim Fletcher, PT**, who is dedicated as a full time women's health therapist, **Holli Parrish, PT** has gone through extensive training to work with both women and the pediatric population. **Rory Fletcher, PT**, has also participated in rigorous continuing education and is now able to see men for pelvic health conditions. He is only male pelvic health provider in Eastern Washington and only one of three in the entire state of Washington.

We are working closely with the staff at **Birthplace** to provide in-service education and have plans to begin regular rounding for patients.

We have collaborated with the **Pullman OB Gyn Clinic** to begin offering Women's Pelvic Health Services on a limited basis in their clinic.

Regional High School Athletic Training Program

Certified Athletic Trainers **Kai Seshiki, Amy Garrison, Jasmine Kalili, Nicole Clements** and **Missy Cochrane** work to serve the student athletes in the **Colton, Garfield-Palouse, Pullman and Potlatch High Schools**.



Summit Therapy & Health Services

Summit Therapy and Health Services 2018 In Review

Feeding Team

This team is comprised of **Kelly Sebold, Speech and Language Pathologist, Frances Preston, Occupational Therapist, Lisa Grentz (contracted staff) Registered Dietitian, Elizabeth Hillman, MSW and Clinical Social Worker, Ian Wallace, Genetic Counselor with Dr. Methuel Gordon** from **Palouse Pediatrics** serving as Medical Director.

One component of the program that **Kelly Sebold** leads is to perform Pediatric Swallow Studies.

This is done in conjunction with **Imaging Services**. We saw a significant increase in referrals this year from out of area providers. Due to staffing shortages at Sacred Heart Children's hospital, many referrals for pediatric swallow studies were sent here. Families and referring physicians experienced very good patient satisfaction. We increased our pediatric swallow studies 5 fold from 2017 to 2018.

Food School is another component of the Feeding Team that has gained popularity this year. We offered this 12 week program for up to 4 children and their families twice in 2018. "Food School" curriculum uses the Sequential Oral Sequencing protocol and is a structured program designed to help a child increase their comfort with food, both new and familiar. Parents participate in adult learning while the child meets with OT/SLP and 2-3 other children. The family/child learns the steps to eating, how and why social modeling of positive eating behaviors is beneficial, and the importance of structure around meal times. Skill development is a primary focus of the therapeutic sessions. Food School is an evidence based program that runs over the course of 12 weeks.

Wellness For Life

Our employee health program, titled Wellness for Life is led by Wellness Coordinator **Veronica Hopwood**. During 2018 we had increased employee participation and engagement. The incentives for the program have been linked to our employee health insurance and contributions to individual's Health Savings accounts. The program remains voluntary and is not tied to any health outcomes.

The Wellness for Life Committee is comprised of representatives from a variety of departments at the hospital.

In 2018 we had 84% of all employees, 317/389 complete Level 1, which allowed them to maintain their health insurance coverage at the maximal level. 70% of employees, or 268/389 were able to go on to complete Level 2, which was an additional incentive of \$500 deposit in their employee HSA or a \$250 gift card and 57%, or 215/389 completed Level 3 for additional incentives. Total employee engagement in the program was 79%.

We have been working with **Becky Highfill at Pullman Regional Hospital Foundation** to secure grant funding for the Active Living Project, a mapped walking path with exercise equipment that is going to be located in the new subdivision behind the hospital. This project should be ready in April of 2019.

Summit Therapy & Health Services

Summit Therapy and Health Services 2018 In Review

Speech Sounds Visualized

This project is led by the creator **Keri Jones, SLP** and assisted by **Becky Highfill, Center for Learning and Innovation Director** and **Carrie Coen, Summit Therapy and Health Services Director**.

In January of 2018 Pullman Regional Hospital launched the Speech Sounds Visualized App in the iOS App Store. In the months of February and March we enjoyed our first opportunities to demonstrate the App at events and conferences in Spokane, Seattle, as well as at a conference in Chicago. We gathered valuable feedback and data from those events and over the summer developed processes for marketing and customer discovery. We also changed the design and icon of the App based upon customer feedback. By August of 2018, we rolled out a new version that included more words and sentences for practice along with these vital design changes.

In November we held a booth at the American Speech & Hearing Association (ASHA) conference in Boston, where the App was extremely well-received. Connections made at this conference have given us plenty to focus on in the early months of 2019. Speech Sounds Visualized has appeared in print in the Moscow-Pullman Daily News, Language Magazine, Washington State Magazine, Bridging Apps, and will soon appear in ASHA Live. We are excited to see what this next year will bring!



Classes

Summit Therapy and Health Services offer the following classes

Tai Chi-**Frances Davies, OT**

Qigong-**Liz Lee, Acupuncturist**

Infant Massage-**Jill Jefferies and Esther Sanders , Massage Therapists**

Total Joint Replacement Class-**Maile Keller PTA** with assistance from members of the Total Joint Replacement Team

SAIL Class-**Holli Parrish, PT**

Summit Therapy & Health Services

Music Therapy

Christy Pansegrau-Licensed Music Therapist and Registration Staff employee has been a regular presence with our pediatric team, providing music therapy services for children who are motivated by music and rhythm. She uses her skill set to engage children and helps them to reach their motor and speech goals through this very effective tool.

Dyslexia Treatment Program

In 2017, **Frances Davies, OT and Jennifer Griffin, SLP** received the staff scholarship to participate in an extensive training program for children who are diagnosed with dyslexia. They have worked this year to develop a streamlined approach to this care and have had good success with outcomes and patient satisfaction.

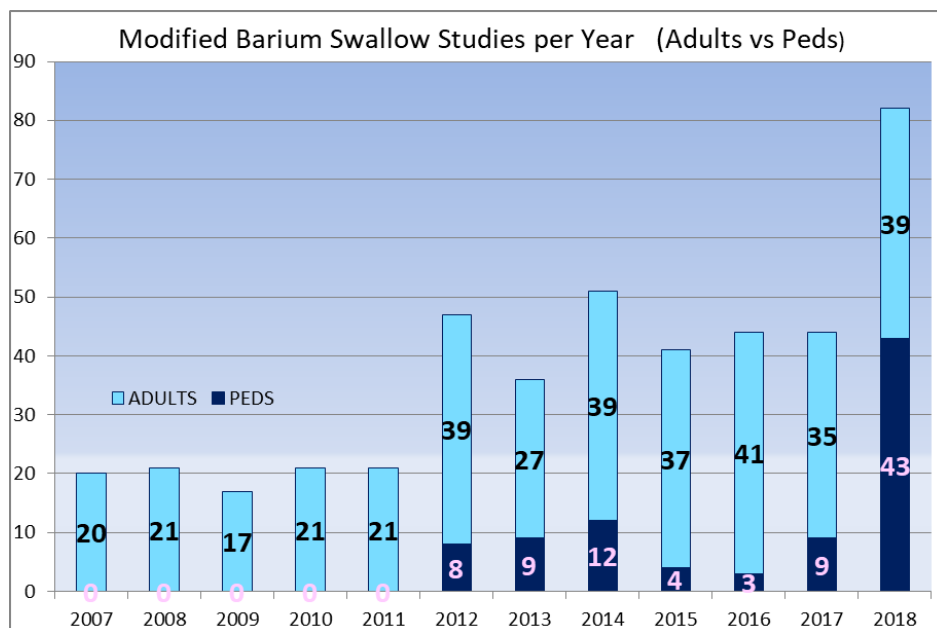
Concussion/Vestibular Program

This program is brought to you by **Christy Gould, OT and Tim Williams, PT**. They work together to evaluate and treat post-concussive patients and return them to work, school and recreational activities in a safe manner.

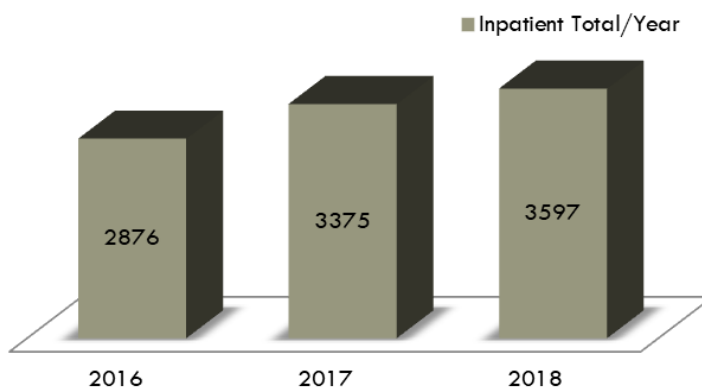
They have presented their program to local physician groups to increase awareness in the community.



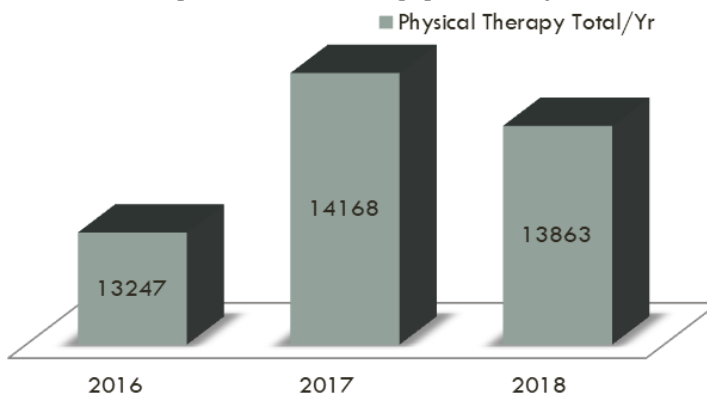
Summit Therapy and Health Services 2018 In Review



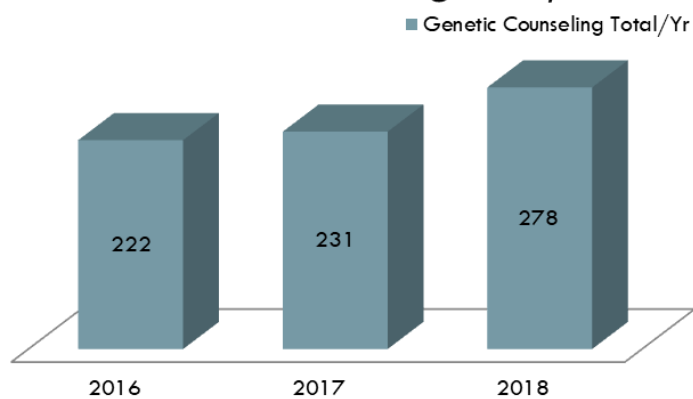
Inpatient Total/Year



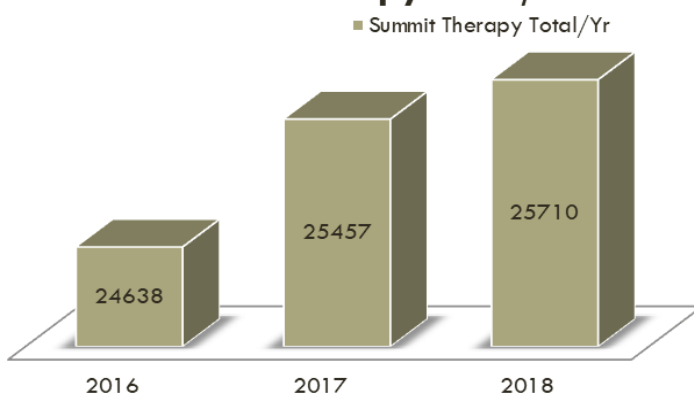
Physical Therapy Total/Yr



Genetic Counseling Total/Yr

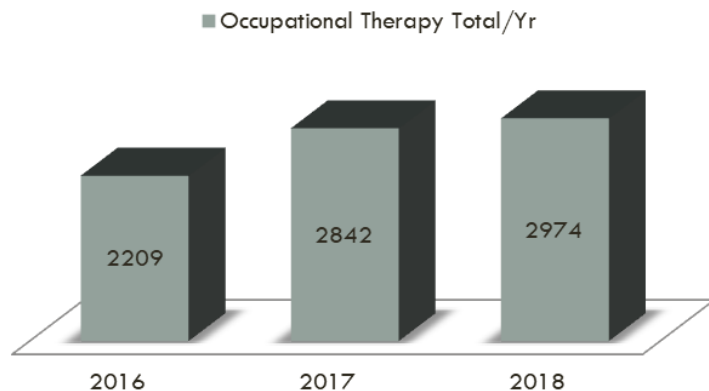


Summit Therapy Total/Yr

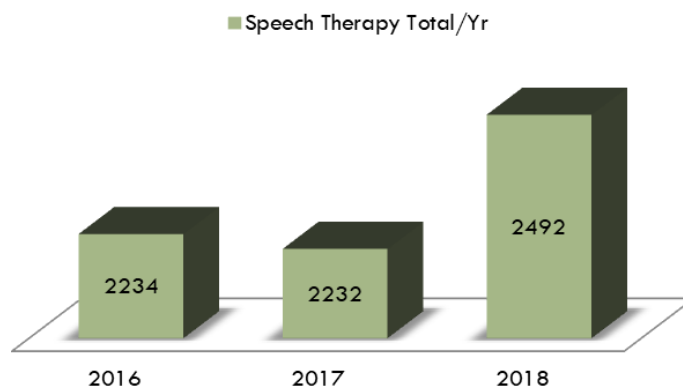


Summit Therapy and Health Services 2018 In Review

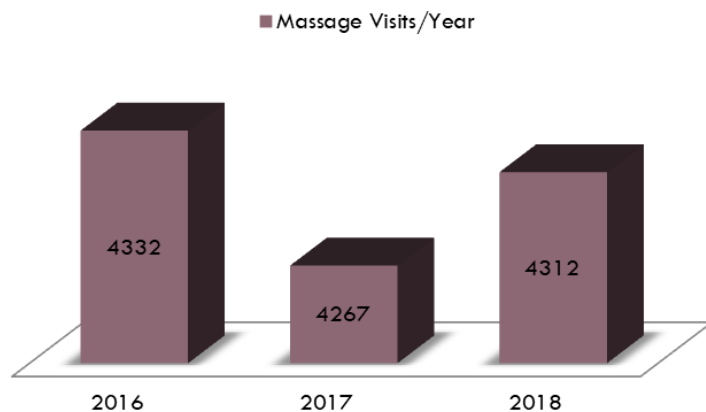
Occupational Therapy Total/Yr



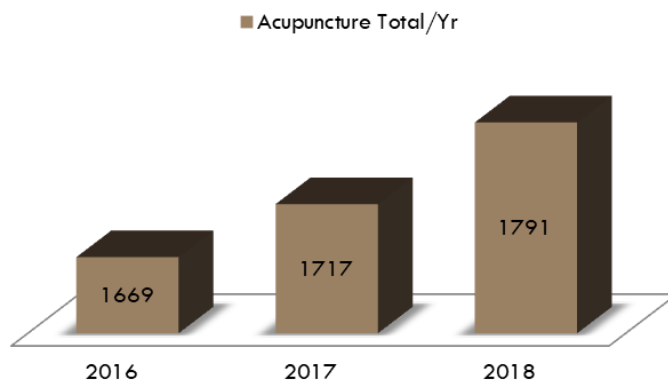
Speech Therapy Total/Yr



Massage Visits/Year



Acupuncture Total/Yr



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 providing 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 partnership approach to care



While working within the framework of the vision for the *Pediatric Center of Excellence* these accomplishments were made to improve how we care for this special population in 2018:

- Family Advisory Council was established
- Development of the *Management of Pediatric Pain and Anxiety* protocol with ongoing staff education and competency training
- Establishment of monthly physician/nurse pediatric case reviews
- Quality improvement projects with clinical informatics to improve pediatric documentation and safety
- Staff education and competency assessment through live and recorded training/presentations, pediatric mock codes, and increased offering and requirements of Pediatric Advanced Life Support (PALS) courses
- Continued coordination of pediatric care with local providers, Sacred Heart Children's Hospital, Summit Therapy Pediatric Team, laboratory and radiology services.





**PULLMAN
REGIONAL
HOSPITAL**

CENTERED ON EXCELLENCE