

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
Meeting of the Board of Commissioners
May 22, 2024
East Adams Rural Healthcare
Conference Room
Ritzville, WA

- I) Call to Order
- II) Additions or Corrections to the Agenda
- III) Public Comment
- IV) Approval of Minutes-Regular Board Meeting Minutes April 24, 2024
Approval of Minutes-Special Board Meeting Minutes April 24, 2024
- V) Consent Agenda
 - i) Chief Nursing Officer Report
 - ii) HR Report
 - iii) Quality Report
- VI) Medical Staff Report
- VII) CEO Report
- VIII) Committee Reports
 - i) Finance Committee
 - (1) Financials – April
 - (2) Approval of Warrants and Vouchers
 - ii) Building Committee
 - iii) Compliance Committee
- IX) Old Business
 - i) EMS Update
- X) New Business
 - i) Inter-facility transfer presentation
- XI) Public Comment
- XII) Executive Session
 - i) Medical Staff Credentialing
 - ii) RCW 42.30.110 (g) To review the performance of a public employee
- XIII) Next Board Meeting June 26, 2024 at 5:30 p.m.
- XIII) Adjourn

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Meeting of the Board of Commissioners
April 24, 2024

PRESENT:	John Kragt	Board Chairman
	Eric Walker	Vice-Chair
	Riley Hille	Commissioner/Secretary
	Dan Duff	Commissioner
	Matt Kubik	Commissioner
	Corey Fedie	CEO
	Matt Gosman	CFO
	Lexie Zuver, DO	Chief of Staff
	Cynthia Lewis	Interim CNO

GUESTS: None

There were two community members present.

Board Chair, John Kragt, called the meeting to order at 5:30 p.m.

INTRODUCTIONS-None

ADDITIONS AND CORRECTIONS

Board Chair John Kragt requested to add under new business; Grant application and defer IFT transfer agreement presentation to next month. There will be no EMS update. Corey Fedie requested to add under Executive Session RCW 42.30.110 (b) to consider the selection of a site or the acquisition of real estate by lease or purchase.

PUBLIC COMMENT

Dan Crisp thanked the board for coming to tour the lab. The board had a special meeting prior to the regular meeting to tour the lab department.

APPROVAL OF MINUTES

The March 27 regular board meeting minutes were presented. Commissioner Eric Walker made a motion to approve the March 27 regular board meeting minutes. Commissioner Dan Duff seconded. The motion passed unanimously.

CONSENT AGENDA

Board Chair, John Kragt, polled the Board if they would like anything off the consent agenda moved to the regular agenda. Nothing was requested.

MEDICAL STAFF REPORT

Dr. Zuver reported that Med Staff met for their regular meeting. Abby Horak has started covering the ED and is doing well. Dr. Zuver and Marnie have met with provider candidates and were impressed with them both.

CEO REPORT- See attached

Corey reported that he attended the Lind Council meeting last night and got approval to place a pad, shelter and electrical for the mobile clinic which will be covered with a grant. Commissioner Eric Walker asked about Master Planning. Corey said there is a meeting scheduled for the end of the month or beginning of May. We will then get the Board retreat/Strategic Planning scheduled.

COMMITTEE REPORTS

FINANCE COMMITTEE

CFO REPORT – See attached

Matt Gosman presented the financial statements to the Board. March was an average month which benefited by negative adjustments which raised revenue. We ended the month with a positive net income of \$12,000. There were several swing bed accounts that cleared in April. We have exceeded our March collections already for the month of April. Corey shared with the board that he would like to put all the property taxes received back into the reserve account. Matt reported that he continues to work on several audits. Commissioner Eric Walker asked what audit years we are working on. Matt said we are working on 2022-2023.

WARRANTS & VOUCHERS

Commissioner John Kragt presented the following warrants for approval Accounts Payable Warrants #67168 to #67201 for \$292,733.83. Commissioner Eric Walker made a motion to approve. Commissioner Matt Kubik seconded. Motion passed unanimously.

BUILDING COMMITTEE- Nothing to report

COMPLIANCE COMMITTEE-Nothing to report

OLD BUSINESS-None

NEW BUSINESS

Corey reported that he and Todd Nida, Facilities Manager have met with the owner of the Care Center to ask that repairs be made so that the kitchen is functioning. The owner has decided to demolish the building in 4-6 months. We will need to find a new space for the kitchen very soon. Todd has been getting quotes and looking at options. The board shared some different ideas.

- Board Chair John Kragt reported that he has been in communication with John Culton the consultant on the Wellness Center project. John Culton informed Board Chair John Kragt that Senator Cantwell's office suggested moving funding for the project from one government pool to another pool. Where it currently is sitting we have a less than 10% chance of receiving the funding. However, if we choose to move the funding to the other pool we would have to commit to \$750,000 within a year. We still have funding options with Senator Murray's office. Commissioner Eric Walker made a motion to instruct John Culton to move funding as suggested. Commission Matt Kubik seconded. The motion passed.

PUBLIC COMMENT-None

Commissioner Dan Duff asked to be excused from the meeting at 5:55 p.m.

The Board went into Executive Session at 5:55 p.m. to discuss Medical Staff Credentialing, RCW 42.30.110 (g) to review the performance of a public employee and RCW 42.30.110 (b) to consider the selection of a site or the acquisition of real estate by lease or purchase. The estimated length of the Executive Session was 10 minutes. The Board came out of Executive Session at 6:05 p.m. Commissioner Eric Walker made a motion to approve Angela Smith and Catherine Clift for appointment to the Medical Staff. Commissioner Matt Kubik seconded. The motion passed with Commissioner Dan Duff being absent.

Commissioner Eric Walker made a motion to approve the CEO bonus in the amount of \$14,250 based on documentation provided by CFO Matt Gosman. Commissioner Matt Kubik seconded. The motion passed with Commissioner Dan Duff being absent.

Commissioner Eric Walker made a motion, seconded by Commissioner Matt Kubik to adjourn the meeting. The motion passed unanimously.

The meeting adjourned at 6:06 p.m.

Respectfully submitted,
Kylie Buell, Executive Assistant

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Special Meeting of the Board of Commissioners
April 24, 2024

Present:	John Kragt	Board Chair
	Eric Walker	Vice Chair
	Dan Duff	Commissioner
	Matt Kubik	Commissioner
	Corey Fedie	CEO

John Kragt, Board Chair, called the meeting to order at 4:45 p.m.

The Board of Commissioners completed an educational tour of the Lab department led by Dan Crisp, Laboratory Manager.

Commissioner Eric Walker made a motion, seconded by Commissioner Dan Duff to adjourn the meeting. The motion passed.

The meeting was adjourned at 5:15 p.m.

Respectfully Submitted,
Kylie Buell
Executive Administrative Assistant



East Adams Rural Healthcare

903 South Adams
Ritzville, Washington 99169
509-659-1200

CNO Report to the Board

Board of Commissioners
East Adams Rural Healthcare
May 22, 2024

Greetings Board of Commissioners:

My contract closure is just around the corner. I appreciate the support from Corey and each of you as I have served with your East Adams Rural Healthcare team.

Lurisa Sackman, CNO joined EARH on May 14, 2024! Jason McCoy, ACNO is expected to join EARH around the second or third week of June. Congratulations to both of them and EARH!

EARH is in the biennial window for a CMS survey. EARH leaders are working diligently with rigor to support a success survey.

Included in the packet is your Infection Prevention Plan and your Quality Assurance and Process Improvement Plan for 2024-2025.

Carolyn St Charles, Clinical Officer with HealthTechS3 is onsite with us for additional survey preparedness work.

Respectfully,

Cynthia Lewis



East Adams Rural Healthcare

Quality Assurance Performance
Improvement Plan (QAPI)

2024-2025

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Purpose:

East Adams Rural Healthcare is dedicated to providing quality health care which recognizes the inherent human worth and dignity of all persons, and to make our plans and services available to all without restriction; to create a healing environment where providers, employees and organization management work together to provide personalized care; to be a leader in advocating high quality health care plans and developing resources to satisfy the primary health care needs of our community and visitors of our service area; and to cooperate in an ethically and fiscally responsible manner without compromising the patient and patient care needs.

Consistent with this mission, our goal is to provide care that is:

Safe – avoiding injuries to patients from the care that is intended to help them;

Effective – providing services based on scientific knowledge to those who would benefit, and refraining from providing services to those not likely to benefit;

Patient Centered – providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions;

Timely – reducing waits and potentially harmful delays;

Efficient – avoiding waste, including waste of equipment, supplies ideas and energy, resources, both financial and human;

Equitable – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

To achieve this goal, all employees of East Adams Rural Healthcare will participate in ongoing and systematic quality improvement efforts. Our quality improvement efforts will focus on direct patient care delivery processes and support processes that promote optimal patient outcomes and effective business practices. This is accomplished through peer review, clinical outcomes review, variance analysis, performance appraisals, root cause analysis, and other appropriate quality improvement techniques.

Our Quality Assurance Performance Improvement Plan demonstrates East Adams Rural Healthcare commitment to improve the quality of care we deliver. The QAPI Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care, and achieving high patient satisfaction.

Authority:

The Board of Directors of East Adams Rural Healthcare is ultimately responsible for assuring that high quality care is provided to our patients. The Board delegates the responsibility for implementing the QAPI plan to the Quality Assurance Performance Improvement Committee.

QAPI Committee Inclusion:

Due to the size of the organization, East Adams Rural Healthcare QAPI committee also serves as the following committees and will report on their specific metrics.

- Infection Control Committee

- Trauma Committee
- Antimicrobial Stewardship

QAPI Goals:

East Adams Rural Healthcare will develop, implement, and maintain an effective, comprehensive district-wide QAPI plan that is:

- Appropriate for the complexity of the organization and the services provided
- Ongoing and comprehensive
- Involve all departments and services, including those services furnished under contract or arrangement
- Use objective measures to evaluate organizational processes, functions and services

East Adams Rural Healthcare will use measures to analyze, track and improve performance related to:

- Improved health outcomes that are shown to be predictive of desired patient outcomes
- Prevention and reduction of medical errors
- Prevention and reduction of adverse events
- Prevention and reduction of hospital-acquired conditions
- Transitions of care, including readmissions

The primary goals of the QAPI Plan will be to continually and systematically plan, design, measure, assess, and improve the performance of identified focus areas, healthcare outcomes, and to reduce/prevent medical/health care errors. To achieve these goals, the QAPI Plan will strive to:

- Incorporate quality planning throughout the facility
- Collect data to monitor performance and interpret results for meaningful use
- Provide a systematic mechanism for individuals, departments, and professions to function collaboratively in their efforts toward performance improvement, providing feedback and learning throughout the District
- Design processes and systematically measure, assess, and improve performance to achieve optimal patient health outcomes in a collaborative and multidisciplinary approach. These processes will include mechanisms to assess the needs and expectations of the patients and their families, staff, and others. Process design will contain the following focus elements:
 - Consistency with the organization's mission, vision, values, goals, objectives, and plans
 - Meeting the needs of individuals served, staff, and others
 - Fostering the safety of patients and the quality of care, treatment, and services
 - Supporting a culture of safety and quality
 - Use of clinically sound and current data sources including, use of best practice and evidenced -based guidelines/practices and information from relevant literature.
 - A commitment to sound business practices
 - Incorporating available information from internal sources and other organizations about the occurrence of medical errors and sentinel events to reduce the risk of similar events in the future.

- Utilizing the results of performance improvement, patient safety, and risk reduction activities
- Assure that the improvement process is organization-wide including, monitoring, assessing and evaluating the quality and appropriateness of patient care, patient safety practices and clinical performance to resolve identified problems and improve performance
- **Quarterly reporting** information to the Governing Body provides the leaders with the information they need in fulfilling their responsibility for the quality of patient care, and safety will be a required mandate of this plan.
- Communicate necessary information among department/services when problems or opportunities to improve patient care and patient safety practices involve more than one department/service:
 - The status of identified problems and action plans to assure improvement or problem resolution
 - Information from departments/services, and the finding of discrete performance improvement activities and adverse patient events are used to detect trends, patterns of performance improvement plan are evaluated annually and revised as necessary
 - Treatment and services affecting the health and safety of patients are identified. Included are those that occur frequently or affect large numbers of patients; place patients at risk of serious consequences or deprivation of substantial benefit if care is not provided correctly or not provided when indicated; or care provided is not indicated, or those tending to produce problems for patients, their families or staff.

The objectives, scope, organization, and mechanisms for overseeing the effectiveness of monitoring, assessing, evaluation and problem-solving activities in the QAPI plan will be reviewed annually and revised as necessary and approved by the Board of Directors.

QAPI Committee:

- Medical Staff Representative (s)
- Governing Board Representative (s)
- Chief Executive Officer
- Chief Nursing Officer
- Chief Financial Officer
- Human Resources Director
- QAPI Coordinator
- All department managers/supervisors/directors of the organization

Meeting Frequency

The QAPI committee will meet on a monthly basis to review and prioritize issues throughout the organization. Each department will be required to collect data on a monthly basis and report to the committee quarterly unless requested to report more often.

QAPI Committee Coordinator Duties:

1. Counsel department managers in setting standards, benchmarks, monitoring activity, documenting outcomes and recording follow-up.

- Utilizing the results of performance improvement, patient safety, and risk reduction activities
- Assure that the improvement process is organization-wide including, monitoring, assessing and evaluating the quality and appropriateness of patient care, patient safety practices and clinical performance to resolve identified problems and improve performance
- Quarterly reporting information to the Governing Body provides the leaders with the information they need in fulfilling their responsibility for the quality of patient care, and safety will be a required mandate of this plan.
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QAPI Committee Coordinator Duties:

1. Counsel department managers in setting standards, benchmarks, monitoring activity, documenting outcomes and recording follow-up.

2. Report to Medical Staff and the Board of Commissioners quality improvement efforts and activities quarterly and an annually summary.
3. The QAPI coordinator will provide the Medical Staff and Board of Commissioners an annual review of the hospital's QAPI plan for approval.

QAPI Committee is responsible to:

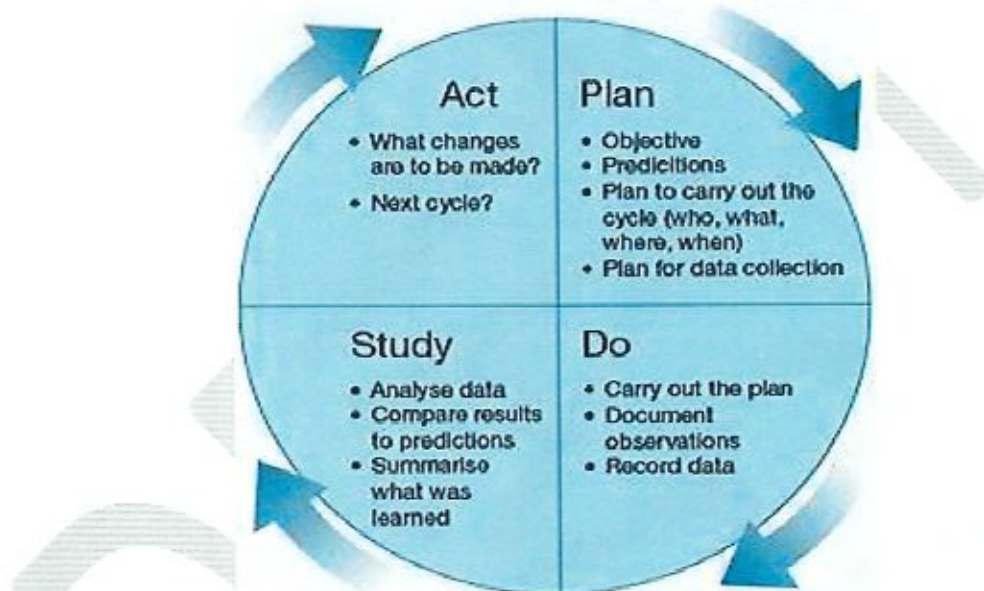
1. Oversee the development and implementation of the QAPI plan.
2. Develop an effective and efficient organizational structure that capably addresses and communicates quality issues.
3. Formulate objectives and policies consistent with a quality and performance focus.
4. Oversee and support the daily operation of quality improvement activities.
5. Develop the annual QAPI Plan and submit to the governing board for approval.
6. Develop prioritization criteria for selection of QAPI projects and submit to the governing board for approval.
7. Identify and implement organizational improvement priorities and submit to the governing board for approval.
8. Ensure that organizational improvement priorities and projects are appropriate for the scope and complexity of East Adams Rural Healthcare.
9. Maintain a list of organizational performance improvement projects.
10. Determine the resources necessary for improvement projects and allocate resources when necessary.
11. Assure that opportunities to improve care are acted on.
12. Oversee processes for project and team selection.
13. Oversee and assist with the development of performance measures for individual departments, service lines, contract services or teams.
14. Oversee Continuous Survey Readiness.
15. Facilitate implementation of the concepts and methods of continuous quality improvement.
16. Receive, review and approve reports from individual committees or teams that reflect the status and success of quality improvement efforts that include at a minimum but not limited to:
 - Organizational priorities
 - Department, service-line and contract services
 - Performance Improvement teams
 - Publicly reported data
 - Outcome indicators related to improved health outcomes
 - Outcome indicators related to reduction of medical errors and adverse events
 - Outcome indicators related to CAH acquired conditions
 - Outcome indicators related to transitions of care including readmissions
 - Infection Prevention
 - Antibiotic Stewardship
17. Report to the Board regarding quality improvement efforts and activities.
18. Provide education regarding QAPI, including improvement methodologies and tools, for the governing board, medical staff, hospital leaders and staff including contract staff.

QAPI Processes and Methodology:

East Adams Rural Healthcare uses the Institute for Healthcare Improvement model for improvement. The first part of the model is based on a "trial and learning" approach using rapid cycle improvement. During this first part, development of strategy and action plans are determined by answering the following questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

In the second part of the model, PDSA cycle are used to implement its action plan with small-scale interventions introduced rapidly to test the changes, learn from these tests, and then modify the intervention for implementation in another cycle.



The QAPI program will utilize appropriate tools for analysis and problem solving as appropriate for the type of performance measure including but not limited to: Affinity Diagram, Benchmarking, Brainstorming, Cause and Effect Diagram (Fishbone or Ishikawa), Control Chart, Decision-Making Tools such as multi-voting or nominal group technique, Flow Charting, Histogram, Pareto Chart, Root Cause Analysis, Run Chart, and Statistical Control

Confidentiality:

The District Quality Improvement Committee guidelines grant:

1. Any person who, in substantial good faith, participates on the Quality Improvement Committee shall not be subject to any action for civil damages or other relief as a result of such activity.

2. Information and documents created, collected and maintained arising out of matters that are under review or have been evaluated by the Committee are not subject to discovery or introduction into evidence in any civil action and no person who is in attendance at a meeting of such committee or board shall be permitted or required to testify in any civil action as to the content of such proceedings.
3. All reports will be kept in a folder on the facilities intranet. Any data collected will be utilized only for the purpose of improving care. Names of individuals and patients will be kept confidential.

Appendix 1

COMPLETE FOR EACH METRIC / INDICATOR YOU ARE MONITORING

Department

Date

1. Name of Indicator?

2. Who was involved in developing / identifying this indicator?

3. This indicator supports improvement in the following areas (choose at least one)
 - Quality
 - Service
 - Financial
 - People
 - Growth

4. This indicator is aligned with: (choose at least one)
 - Quality Assurance / Quality Control
 - Improvement Project

5. Aim – What are you trying to achieve by collecting this data?

6. Who will collect data?

7. Who will analyze data?

8. Who will report data?

9. How often will data be reported?

10. How often will data be collected?
 - Daily
 - Weekly
 - Monthly

- Quarterly
- Other – please list

11. What is the sample size? (Sample size must be at least 30 for each reporting period. If less than 30 may use rolling average to obtain sample size of 30.)

- 100%
- Random sample (If random – please indicate how random sample will be obtained)

12. What is the numerator and denominator including inclusions and exclusions? It is critical to be as clear as possible.

Numerator:

Denominator:

13. What is your baseline data – if available?

14. What is the external benchmark / target – if available?

15. What is your target?

**APPENDIX 2
REPORTING**

Quality Data Indicator Report

Name: _____ Department: _____ Date: _____

Indicator	Baseline	External Benchmark	Target	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

Indicator Name: _____
 Analysis of Results: _____

Corrective Action(s): _____

Indicator Name: _____
 Analysis of Results: _____

Corrective Action(s): _____

Handwritten text in a cursive script, possibly a signature or a name, written in dark ink on a light background. The text is slanted and appears to be a single word or a short phrase.

Review and Approval

The East Adams Rural Healthcare Board of Directors has reviewed and approved this Quality Assurance Performance Improvement Plan and affirms the Board's commitment to Quality Assurance and Performance Improvement to better meet the mission of East Adams Rural Healthcare.

Approved by:

Board Chair

Date

Chief Executive Officer

Date

QAPI Program Coordinator

Date



East Adams Rural Healthcare

Infection Prevention and
Control Plan

2024-2025

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Demographics:

East Adams Rural Healthcare is based in Adams County and provides services for roughly 4000 people in Ritzville and surrounding communities. East Adams Rural Healthcare is a 20 bed critical access hospital with approximately 93 employees and offering comprehensive diagnostic and treatment services to a diverse patient population from pediatrics to geriatric.

East Adams Rural Healthcare Services:

Emergency Care	HPM Management
Acute Care	Cardiology
Transitional Care	Dermatology
Family Medicine	Care Coordination
Outpatient Nursing Services	EMS
Laboratory	Rehabilitation Therapy/Therapy Services
Diagnostic Imaging/Radiology	

Scope and Function of the Infections Prevention and Control Plan:

The Infection Prevention and Control Plan interfaces with all operational departments and services throughout the organization to minimize the risk and spread of infection/disease amongst patients, visitors, and staff.

Authority and Structure of the Infection Prevention and Control Plan:

The Infection Prevention and Control Plan is managed by the infection preventionist (IP). The IP interfaces with administration, staff, medical providers, and other professionals and has the authority to cross operational lines to meet the goals of the plan while using APIC practices and educating staff. The IP is a member of the Quality Assurance Performance Improvement Committee (QAPI).

Dr. Zuver, MD, through the authority of the Governing Board, shall have clinical authority over the Infection Prevention and Control Plan. Infection Prevention data is shared with providers through the QAPI committee meetings and Medical Staff meetings.

The IP is responsible for overseeing day-to-day monitoring of infection prevention activities and for surveillance and reporting to external organizations, per regulations and contracts, and communicates analysis and feedback of reported infection prevention and control information to the organization for action.

The East Adams Rural Healthcare IP shall have the authority to institute any appropriate surveillance, prevention, and/or control measures when any condition exists that could result in the spread of infection within the hospital or its facilities or create a hazard for any person at the hospital or its facilities. East Adams Rural Healthcare IP shall have the authority to investigate any outbreaks. Examples of appropriate prevention and/or control measures include but are not limited to: institution of

appropriate isolation precautions in accordance with hospital policy and/or CDC guidelines, restricting visitors, temporarily closing a unit or ward to further admissions in case of a suspected or actual outbreak, restricting movement of patients from one area to another, and provision of education to staff, patients, and other persons at the hospital or its facilities. Other control measures may be initiated based on surveillance findings, reports of infections, and potential infections.

Infection Prevention and Control Plan Resources:

Hospital leaders allocate needed resources to support the Infection Prevention and Control plan including but not limited to: access to information, laboratory resources, provides equipment and supplies. This includes access to the electronic health records used within the organization for tracking and monitoring lab data.

Vaccinations and Immunizations for Providers and Staff:

The organization has offers annual influenza vaccination, Hepatitis B series and tuberculin testing. If the staff member would like additional vaccinations or immunizations, they are referred to their primary provider.

Medical Equipment, Devices and Supplies:

East Adams Rural Healthcare implements infection prevention and control activities when cleaning and performing low-level disinfection of medical equipment, devices, and supplies as outlined in applicable hospital policy. East Adams Rural Healthcare does not have the ability to perform high level disinfection or sterilize equipment and procures single use disposable devices. The organization implements infection prevention and control activities when disposing of medical equipment, devices, and supplies as outlined in applicable hospital policy.

All cleaning and disinfection products used and with any product changes within the organization is to be evaluated and approved by the IP.

The organization implements infection prevention and control activities when storing medical equipment, devices, and supplies as outlined in applicable hospital policy.

Outbreak Investigation:

Any outbreaks or suspected outbreaks of disease will be investigated by the infection preventionist with the full and timely cooperation of employees. Outbreak investigation strategies may include, as appropriate:

Policy and Practice Development:

East Adams Rural Healthcare uses evidence-based national guidelines or, in the absence of such guidelines, expert consensus in the development of infection control and prevention policy and practice.

Precautions:

East Adams Rural Healthcare uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection as outlined in the Standard and Transmission-Based Precautions policies and other applicable procedures.

Reports:

Surveillance data is reported internally to the Quality Assurance Performance Improvement committee quarterly. Surveillance data is reported externally to NHSN as required. Surveillance data is reported externally to the Adams County Health Department as required per WAC 246-101-101. The infection preventionist may report surveillance data in other forms and to other individuals or groups for informational purposes, performance improvement activities, or as required by law. Infection Prevention data is shared with external partners such as WSHA and DOH via NHSN.

Performance Improvement activities are reported to the governing board quarterly. The committee meets regularly and includes representatives from key clinical departments and services. The composition of the committee is designed to facilitate the sharing of risk management knowledge and practices across multiple disciplines and to optimize the use of key findings from risk management activities in making recommendations to reduce the overall likelihood of adverse events and improve patient safety. The committee's activities are an integral part of an infection prevention, control and evaluation system.

CMS Requirements for Infection Prevention and Antimicrobial Stewardship:

The organization has participated in the University of Washington Tele-Antimicrobial Stewardship Plan (UW TASP) through a weekly video conference that brings together UW physicians, pharmacists, and clinical microbiologists from other hospitals across the Western United States. The plan features clinical didactics, antimicrobial stewardship (AS) policies and procedures, and case consultations drawn from the community. This has allowed us to meet the Centers for Medicare and Medicaid Services requirements for infection prevention and antimicrobial stewardship.

Organisms of Clinical Significance:

The organization performs surveillance of organisms of clinical significance. This currently includes VRSA, CRE and other MDROs will be reported to local public health upon discovery.

East Adams Rural Healthcare Infection Prevention and Control Activities:

MRSA, DRON and COVID risk assessments are taken by Nursing Staff for all admits. Monthly census reports are given to IP by medical records staff and evaluations are done on inpatient stay to count for any HAI's that need to be reported or followed. If admitted patients are found to be treated for Infections that resulted from a hospital stay at another facility, that facility will be notified in the event that they need to follow through with reporting.

The Quality Assurance Performance Improvement committee functions also as the Infection Prevention and Control committee. The IP report quarterly or more often if indicated the surveillance of the following indicators:

1. Healthcare associated infections- HAI
2. Catheter associated urinary tract infections- CAUTI
3. Central line associated blood stream infection- CLABSI
4. Multidrug resistant organisms- MDRO's, MRSA, VRE, Acinetobacter, C. diff, VRSA, ESBL, and CRE
5. Public Health Notifiable Conditions
6. Hand Hygiene
7. Blood borne pathogen exposures
8. Construction- ICRA
9. Employee Health Metrics
10. Organisms of clinical significance

Isolation, if not initiated by nursing or Medical Staff, can be initiated by the IP. Removing a patient from isolation or precautions needs to be approved the IP or remain until discharged. Once a patient that was placed in an isolation room has been discharged, the room door will remain closed and the room will be placed out of service until Environmental Services can come in and do a terminal clean and change the curtains in the room before it can be placed back into use.

Cultures will be reviewed by the IP to determine whether they are a MDRO and need to be in isolation or the chart needs to be flagged. In cases where infections are reoccurring, evaluations of pharmaceutical prescriptions may be evaluated for effectiveness.

Needle sticks, post exposure records, and consultation in conjunction with Employee Health, is the responsibility of the Employee Health Nurse.

Post exposure evaluation will be conducted by Employee health with consult by the IP. Prophylaxis may be required for staff with exposure.

An outbreak is declared if one or more patients/staff report the same type of illness or infection at the same time. The IP is responsible to do an investigation and to put any processes in place that is needed to inhibit the spread of this type of infection, and the state is to be notified.

An Infection Control Risk Assessment is needed if there is any major construction to take place, and any effect this may have on patients should be evaluated. Barriers or Infection Control protocol may be implemented during the time of construction to reduce the risk of inhalation harm or other by patient, staff and visitor, and any means necessary to reduce the spread of infection or dust will take place.

Hand hygiene protocol is to be implemented, monitored, and enforced amongst staff in accordance with the infection control policy and the CDC. Hand hygiene observations will be conducted throughout the year, as well as annual handwashing demonstration by employees at the annual skills fair.

The IP will be available in person, phone or email for staff questions or concerns as much as possible. Staff should also consult approved EARH policies for questions if unable to reach the IP immediately. Confidentiality will be kept and an attempt to have employees understand the principles behind infection control are of the utmost importance while answering questions or providing consultation on infection control issues.

Annual Risk Assessments to be completed:

1. Infection Control Risk Assessment
2. MRSA Risk Assessment
3. Tuberculosis Risk Assessment

Review and Approval

The East Adams Rural Healthcare Board of Directors has reviewed and approved this Infection Prevention and Control Plan. Plan and affirms the Board's commitment to Infection Prevention and Control to better meet the mission of East Adams Rural Healthcare.

Approved by:

Board Chair

Date

Chief Executive Officer

Date

Infection Preventionist

Date

Medical Director

Date

Job Openings

Department	Job Opening	Date Open	Status	Notes
Imaging	Per Diem Rad Tech	08/08/2022	Open	Job posted, rehired per diem imaging tech 11/6/23
EMS	EMT	08/31/2022	Open	Open per diem positions. Hired 5 EMT's on 02/14/24
Nursing	RN (3) 2 NOC and 1 Day	10/01/2022	Open	Passport RN will orientate 10/23/23, RN noc shift/weekend RN hired 10/13/23, Noc shift RN hired 12/12/23
Nursing	Day Shift NAC (2)	03/22/2023	Open	2 RNs scheduled to onboard in June, 1 RN scheduled to onboard in August
Nursing	NOC Shift NAC	03/25/2023	Open	2 RNs scheduled to onboard in June, 1 RN scheduled to onboard in August
Clinic/ER/Hospital	Nurse Practitioner/PA-C	07/24/2023	Open	Posted: interviews and on-site visits are on-going. Refer to Corey Fedie, CEO
Administration	Accounting Clerk	09/28/2023	Open	Hired remote to help with entering invoices
Information Technology	IT Help Desk	12/01/2023	Open	Position posted. Interviews are being conducted. Internal hire, will transition over the next few weeks. Internal hire started 03/07/2024
Dietary	Dietary Tech/Cook	02/01/2024	Filled	New hire started 02/14/24
Administration	ACNO	02/13/2024	Filled	Start date to be determined
Administration	CNO	02/12/2024	Filled	Start date 05/14/2024
Business Office	Registrar/Patient Account Rep	03/01/2024	Filled	New Hire Started 04/22/24
Facilities	Housekeeper	06/14/2024	Filled	Position filled, new hire started 05/15/2024
Business Office	Registrar/Patient Account Rep	04/11/2024	Filled	New Hire Started 05/15/2024



MINUTES

East Adams Rural Healthcare

4/24/2024 at 10:30am | Meeting called to order by Cynthia Lewis

In Attendance

Terri Abney, Matt Gosman, Amelia Bernal, Corey Fedie, Dan Crisp, Neil Verberne, Bruce Garner, Kelly Icc, Michael Navarro, Amanda Osborne, Cynthia Lewis, Pam Gilmore, Todd Nida

Missing: Beth Passmore, Sheena Starkel, Tyler Dennis

Approval of Minutes

No issues with previous month minutes.

Board

Riley Hille

New Business

PowerPoint was presented for March data. All managers explaining current tracking measures, goals, and action plans. Discussion on current measures, questions asked and answered, and current data documented and previous measures referenced as needed. Highlights from discussion below.

Lab: Dan would like some continuity for Blood Bank-Blood Administration Documentation. Someone needs to take over Michelle's role. Lab is willing to help with Infection Control and Antibiotic Stewardship. Cynthia said that she and Pam can be contact for continuity.

Safety: Josh will be providing updates to Safety slide moving forward.

Medical records:

Therapy: There were 144 patients this month. Still having issues with referrals. It is a mix of unable to contact and declined services. Referral goal for this year is 65%. There are not very many speech referrals. Full school caseload. Nursing has access to DME storage. There needs to be some clarification of what can be stored in there. IC walk through determined that the current spray that was being used requires an excess soak time. They recommended a hydrogen peroxide based spray.

Patient Safe Handling: No report.

Radiology: Stat reads for March were a little over the 30 minute read time. Inland had some server issues. CTA accuracy remains a little over 98%. The timing of contrast and patient being able to hold their breath determines the accuracy. Stat reads were 49 for March. Bruce added some additional information for credentialing. Expiration date checks are all ok.

Maintenance: No update on bi-annual service by BioMed. Elevator test was just completed. Back-up generator test is coming up. Fire Drills were completed for Q1. Quarterly fire sprinkler system test was completed in January. Housekeeping was at 100% for completion of checklist. Infection Control walk through made Todd aware that Virex has to be in a labeled bottle instead of a generic spray bottle.

Dietary: Terry reported that she still doesn't have access to EPIC. Temperatures are within range. Hot water tank went down. Proper IC was completed during down time for dishes.

SS: No report.

IT: No report.

Medical Staff: There was no updated report.

Nursing: Cynthia reported that Trauma designation has been completed and submitted. Updated the EMS services in the application. Education has been completed for blood documentation. 100% of ER charts have been audited through 4/18. We now have an action plan in place.

Clinic: No report.

ED Measures: ED visits were 138 in March, 16 transfers, no AMA's and 1 admit.

Infection Control: No report. We are required to have an Infection Control plan that needs to be approved by the Board. Cynthia is going to be working on that.

Antibiotic Stewardship/ Pharmacy and Therapeutics: This is in progress.

HR: Carelearning is at 43%. Policy acknowledgment is at 50%, Personnel file audits are at 100% and certificate renewals are at 77%. There were some deficiencies discovered during the mock survey specifically to agency staff.

Referrals:

Business Office: Matt reported the metrics were negative in March. AR days rose up to 144 days but have dropped now. Denial rates are still in a healthy place. AR days over 90 days is only reporting for hospital at 20%. Michael reported our month end cash is at 112.71% which means we have exceeded our monthly goal. Clean claims are at 88%.

Registration: Everything is going well. We have hired a new registrar. There are still some issues with the scheduling template. Wait times for check in and walk in has improved. Larissa is leaving in June. We will be hiring another registrar.

QA: Cynthia reported that we continue to not have patient falls. Complaints for patient/family have been resolved. There is a lot of work to be done on the QA program. Corey reported that we are moving forward with separating compliance and incident reporting. There will be an additional desktop icon. There will be additional training.

Cynthia gave a summary of the mock survey results. It helped us to prioritize corrections that need to be made. Cynthia will be meeting with manager's independently to go over the results and form some action plans. There is some infrastructure being done in nursing so we continue to have continuity and follow through. We are continuing to interview for nursing leadership

roles. Michelle has left however; we do have an internal employee that is going to step in for the interim. Cynthia wants to meet with everyone individually to go over initial thoughts and action plans to make progress before the real survey. Once we get the complete report back we will be diving in. We do have an internal candidate for the CNO position. Cynthia welcomed everyone to join in on the interview.

QA meeting adjourned at 10:55a.m.

No compliance meeting.

Announcements

Next Meeting May 22, 2024

Current PowerPoint and Minutes available on I drive

May slides will be April data



East Adams Rural Healthcare

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Ritzville, Washington 99169
509-659-1200

CEO Report to the Board

Board of Commissioners
East Adams Rural Healthcare
May 22nd, 2024

Spring is into full swing! Business operations continue to improve. Significant work continues in revenue cycle with solid progress. We have been fortunate to have Cynthia here as Interim CNO as she has helped us raise the bar in a number of clinical areas. We have also confirmed our new ACNO Jason McCoy will be joining us in June. His role covers Quality, Infection Prevention & Control, Employee Health and Patient Experience. He comes to us with many years of experience as an RN as well as broad leadership roles. We're excited to get him on board as we have found some gaps in these programs and are striving for improvement into the future.

We continue to work on provider recruitment. We had another Physician Assistant on-site on April 26th with positive feedback. Dr. Zuver and Marnie support the candidates we have interviewed and offer letters have been sent out. We also had a zoom interview with another Nurse Practitioner that is interested in an on-site which we are hopeful to schedule mid-June.

Our permanent Chief Nursing Officer, Lurisa Sackman, joined us May 14th and we are excited to have her on board. We are working together to transition with Cynthia in the near future, but plan to keep her around as long as needed to ensure work in progress continues smoothly.

Lastly, challenging times will not cease. We must become nimble and adjust when and where needed. We must also celebrate along the way for all the hard work we do. We celebrated Nursing week May 6-10 with food and fun for Nursing and also celebrated National Hospital Week May 12th-17th. We had a week full of games, food and fun. It was well received by all. A special thanks to Kylie for making the arrangements, Dietary for arranging food, Facilities for cooking, cleaning, transporting, etc. and all others who helped ensure we had a great time.

Facility Master Planning and Strategic Planning is next on our radar. Kylie is working with all parties to nail down a date we hope will work in June. Location to be determined. Please keep an eye on your email for those updates including requests for input on dates, times and locations.

As always, it is a privilege to serve the board and our community.

Respectfully,

Corey Fedie, CEO