



PeaceHealth
Peace Island Medical Center

Critical Access Hospital (CAH) Program Evaluation Report

Reporting Period: January 1-December 31, 2014

Table of Contents

	Page
Annual Evaluation Overview	3
About Peace Island Medical Center	3
Purpose of the Annual Review	4
Total Outpatient Visits/Procedures	5
Emergency Department/Inpatient Overview	7
Medical/Surgical (Med/Surg Overview)	11
Surgery/Ambulatory Care Unit (ACU) / PACU	14
Quality Improvement Peer Review Plan	14
Medical Staff Office (MSO) Services	15
Pastoral Care	15
Nutrition Services	16
Diabetes Services	16
Community Outreach	17
Pharmacy Services	17
Health Information Management (HIM) and Information Technology (IT) Services	18
Risk Management	19
Organizational Integrity / Compliance Programs, Including Privacy	19
Patient Care Policies	19
Service Excellence/Patient Experience	20
Peace Island Volunteer Organization	21
Patient Ambassador Program	21
Summary/Recommendations	23
Approval Signatures	24

PEACE ISLAND MEDICAL CENTER – CRITICAL ACCESS HOSPITAL PROGRAM EVALUATION

ANNUAL EVALUATION OVERVIEW:

As a Critical Access Hospital (CAH), Peace Island Medical Center performance review process touches on volume of service, type of service, improvements, trends, concerns and department specific accomplishments. The Leadership team develops action plans for commented areas of concern and then determines what, if any policies or processes should be revised or implemented.

ABOUT PEACE ISLAND MEDICAL CENTER:

PeaceHealth Peace Island Medical Center is a new critical access hospital and medical clinic, providing high-quality health care services for those who live or work in, or visit, the San Juan Islands. Peace Island Medical Center opened November of 2012. Our range of services includes: 24/7 emergency care, expanded family care clinic, specialty medical care, on-site cancer treatment, advanced medical imaging and laboratory, ambulatory surgery center, coordination of off-island care, and a 10-bed inpatient unit. Peace Island Medical Center provides acute care and outpatient medical care. Patient populations served range from pediatric to geriatric, from all social, cultural and economic backgrounds. Health care services are coordinated across the continuum to meet patient/family needs utilizing internal hospital and external health resources. Department-specific scopes of service are available on each unit/department.

PIMC is wholly owned and operated by PeaceHealth Incorporated, a non-profit, Catholic health system incorporated in Washington. PeaceHealth operates ten hospitals in Alaska, Washington, and Oregon. At the corporate level, hospitals are grouped into geographic networks and managed by a network based Chief Executive Officer and Chief Financial Officer. Each hospital administrator is a member of the Network Executive Team. The Northwest Network includes St. Joseph Medical Center, Ketchikan Medical Center, Peace Island Medical Center, United General Medical Center, along with the Skagit County, and Whatcom County, Bellingham, Washington sites of PeaceHealth Medical Group.

PURPOSE OF THE ANNUAL REVIEW:

- To determine a baseline of services appropriate to meet community needs
- To determine compliance with established policies and procedures
- To Identify changes, if needed, in the program services or policies

1. Reporting Period

The Critical Access Hospital Program Evaluation covers the time period of January 1, 2014 through December 31, 2014. This is the second year of reporting operations for this facility.

2. Patient Productivity

A total of 95 in-patients were admitted (56 were observation patients). No swing bed patients were admitted.

- Annual average length of stay was 2.49 days
- Medicare Length of Stay (LOS) was 152 days
- Total patient day equivalents was 152
- Medicare Admits were 64 in number and non-Medicare 31
- Average Daily Census was 0.5

3. Volume of Services Utilized

- Emergency Department Volume – 3,005 patients seen
- Outpatient Surgical cases – 256
- Radiology procedures – 2724
- MRI Procedures – 157
- CT Scans – 1047
- Ultra Sound – 462
- Vascular Ultrasound – 82
- Echo procedures – 75
- EKGs - 829
- Laboratory Tests – 14,292
- Family Practice Clinic visits – 9,318
- Cardiology Clinic visits – 63
- Oncology clinic visits – 1,068
- Gastroenterology visits – 210
- Tele-psychiatry consultations - 70

TOTAL OUTPATIENT VISITS/PROCEDURES:

Oncology/Infusion Clinic:

Staffing consists of: 1 Full time Clinic Program Director/RN

2 Per Diem RN's

1 0.4 RN

1 0.6 PAR

- All Nursing staff have Chemotherapy and Biotherapy Administration Certifications
- 2 Primary RN's have advanced certification as Oncology Certified Nurses

In 2014 total patient appointments were 1068. This represents approximately 135 individuals. The breakdown is as follows:

- 307 Oncology Physician Follow-up appointments (42 tele-oncology)
- 55 Oncology/Hematology New Patient Consultations
- 3 Bone Marrow Biopsy Procedures
- 470 Chemotherapy Treatment Appointments
- 234 Non-Oncology/Hematology Infusion/Treatment Appointments

Non-Oncology Services include: Central line labs and cares, PICC line dressing changes and labs, specialized injections, therapeutic phlebotomies, blood transfusions, antibiotics infusions, steroid infusions, biologic therapy infusions for other chronic disease management, iron infusions, hydration infusions, etc.

These numbers represent a 90% increase in volume over 2013. (Total of 563 patient appointments in 2013)

Complementary Therapies: A grant to obtain funding from the San Juan Community Foundation was obtained in 2014 to launch our Complementary Therapies Pilot Program. We are able to offer "free of charge" to our infusion patients: Reiki, Jin Shin and reflexology provided by licensed and certified practitioners. We are currently funded for up to 10 treatments per month, thanks to an additional donation. This has been a wildly successful program and our patients have designated our facility as a "chemo spa". The treatments are 30 minutes during their infusions. It is a fantastic addition in helping our patients to achieve optimal health.

NW Oncology Team: We are active participants on the NW Oncology Team - collaborating in quarterly meetings via Link to discuss issues in cancer care that affect each of us in this region. In the realm of oncology treatment, changes are occurring rapidly and in ways that impact our patients and practices. In these meetings we are able to discuss the impact of these changes and share best practices and solutions.

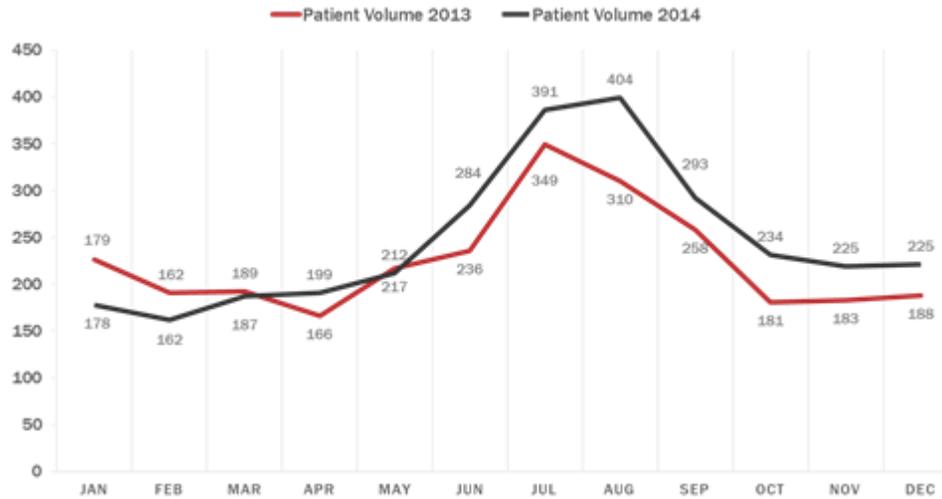
Survivorship Program: The computer component build of our Survivorship Program was completed at the end of 2014, and our first Teleconference Survivorship appointments are scheduled in early 2015. This program works in conjunction with an MS PA-C, who will provide each survivor with a personalized treatment summary and follow-up plan. Patients will also receive educational articles, referrals, a Survivorship manual and support in the transition from treatment patient to Survivor.

Our reputation for excellent care is growing, and our early 2015 numbers are showing additional growth from 2014. It is essential that with the complex issues and treatments in oncology care that our nurses be allotted continued education support. All of our nurses will be attending the Regional ORCA Conference to be held in Bellingham in March, and 2 of our RN's will be attending the National Oncology Nursing Conference in April.

Emergency Department/In Patient Services

Peace Island Medical Center has a 24-hour Emergency Department staffed by all Board Certified Emergency Medicine providers.

1. Total ED Patient Volume in 2014: 2997



Pediatric Visits (<18 years of age): 14.4%

Geriatric Visits (>65 years of age): 34.6%

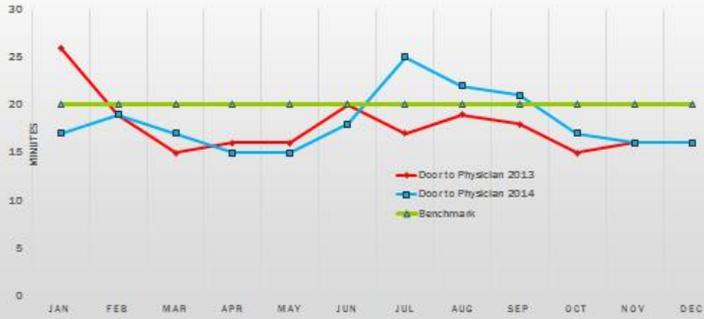
Hospital Admissions vs Patient Transfers

- ED volume increase with decrease in patient transfers
- Saturday Urgent Care
- Comprehensive care with discharge and outpatient follow-up
- Increase in ICU transfers
- ED Deaths – 2

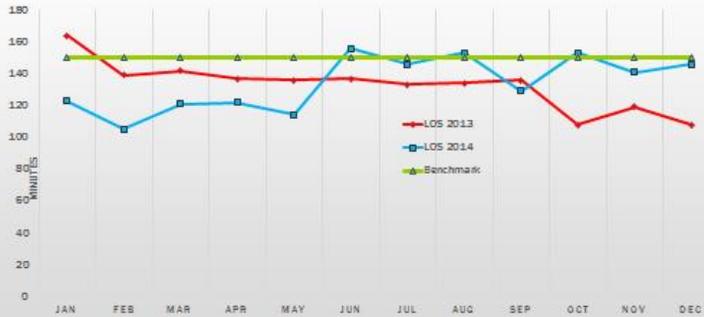
	2013	2014
ADMITS	179 (6.64%)	151 (5.1%)
TRANSFERS	323 (11.98%)	284 (9.59%)
Total Patient Volume	2697	2962

2. Quality Management:

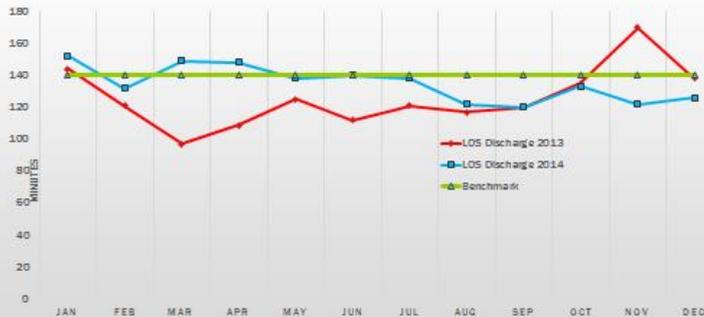
DOOR TO PHYSICIAN TIME



AVERAGE LENGTH OF SERVICE



LENGTH OF SERVICE TO DISCHARGE



Pharmacy Improvements

- Multiple Vaccines available to ED Patients
- Cactus Medical Disposal System implemented in ED
- Biologic Survey Registry in place with Washington Poison Control
 - Antidote registry
- Continued improvement in “Pre-Pack” take home medications
 - 7 new pre-packs added in 2014
 - 49 different pre-packs available

3. Education:

- Cardiac Arrest Drills: ED, PACU area
- STEMI Drill with EMS Interface
- Ebola Preparedness Drill with EMS and Health Department Interface

4. HCAPS Patient Satisfaction Scores/Patient Experience:

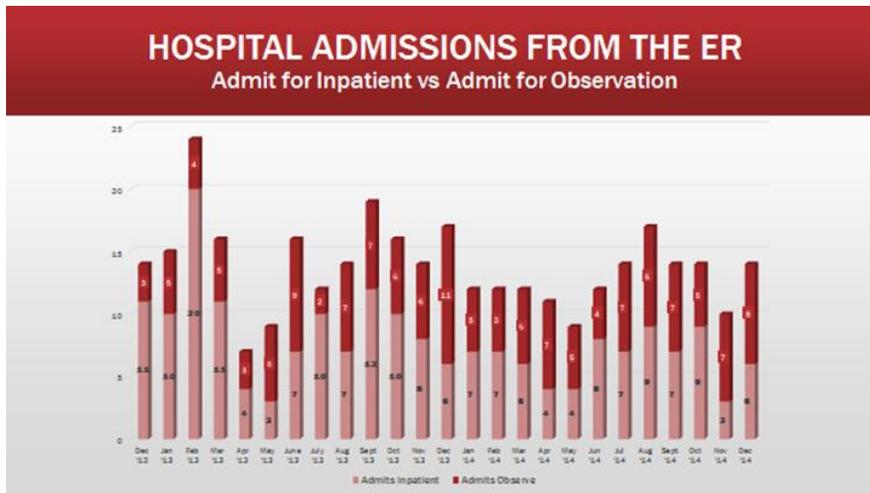
Patient Satisfaction						
Key Drivers	NRC 75th Percentile*	NRC 90th Percentile	12 Months‡	Qtr 2 FY2015‡	Qtr 1 FY2015‡	Qtr 4 FY2014
Communication with Providers	82.8% (n=205,894)	85.9% (n=205,894)	88.4% PR=95 (n=162)	92.6%µ (n=27)	93.1% (n=48)	80.6% (n=42)
Communication with Nurses	83.5% (n=224,681)	86.3% (n=224,681)	85.9% PR=88 (n=171)	87.0%µ (n=27)	88.0% (n=50)	79.5% (n=44)
Pain Management	61.1% (n=107,843)	66.2% (n=107,843)	67.2% PR=92 (n=58)	68.2%µ (n=11)	65.9%µ (n=22)	65.4%µ (n=13)

Focus	NRC 75th Percentile*	NRC 90th Percentile	12 Months‡	Qtr 2 FY2015‡	Qtr 1 FY2015‡	Qtr 4 FY2014
Would you recommend this emergency department to your friends and family?	74.3% (n=215,645)	79.7% (n=215,645)	81.2% PR=92 (n=165)	84.0%µ (n=25)	87.8% (n=49)	66.7% (n=42)

Medical /Surgical Department:

Two new Hospitalists have joined the PIMC Team; both Internal Medicine Specialists to care for those patients admitted to PIMC.

Total Patient Volume in 2014: 197



Medical/Surgical (Med/Surg) Overview:

See Dashboard for all Quality Metrics. Appendix A

Surgery/Ambulatory Care Unit (ACU/PACU):

Outpatient Endoscopies:

Total Procedures: 258 (102 procedures in 2103)

Outpatient Surgery:

Total Procedures: 4 (2 of placements of port catheters were performed with an anesthesiologist)

Staffing/Education & Training:

- All the nurses working in surgical services are Registered Nurses with extensive PACU and OR experience. There are three per diem RNs that are permanent residents of San Juan Island. Two Surgical Technicians that travel between United General and a Nurse Manager that is responsible for two facilities.
- In order to maintain a high level of competency:
 - Two of the per diem RNs are crossed trained to float in the Med/Surgery and Emergency Department
 - The Manager is a “working” manager and continues to work in the operating room at both of her facilities
 - The surgical technologists scrub a variety of cases on a daily basis between the two facilities.
- Education is the foundation of success and we continue to promote participation in a wide variety of educational opportunities
- Continue to work toward 100% compliance with PeaceHealth best practice/standards measures.
- Continue to work toward 100% compliance with SCIP (CMS Core Measure data set), and all other national patient safety goals.

Highlights of 2014 for Surgical Services:

- Surveyed by the Department of Health
- Surveyed by DNV
- Performed our first general anesthesia case

Quality Improvement & Peer Review Plan:

The Quality Management System and Plan for Calendar year 2014 describes the quality management system established by PeaceHealth Peace Island Medical Center (PIMC) to achieve its quality and safety objectives and goals. The plan outlines the methodologies and practices by which quality and performance are measured, monitored, analyzed and continually improved to advance health outcomes

and reduce risks for patients. The plan also summarizes the calendar year 2014 quality focus areas with associated targets and strategies for achieving those targets.

Overall, this plan will facilitate the achievement of greater value, specifically improving individual care, patient outcomes and population health while lowering the overall cost of care.

PIMC continues to utilize peer review with The Rural Health Quality Network (RHQN) to provide regular chart audit and peer review for all PIMC medical staff. In order to continuously monitor and improve the delivery of medical care and clinical performance of the medical staff that provide patient care services, PIMC has contracted with the RHQN for peer review services. Charts are selected based on rural health quality guidelines and reviewed by an external expert provided by RHQN. This expert then meets with the physicians on a quarterly basis to review his/her findings and identify opportunities for improvement. Data are collected from these reviews to use as follow up during the annual credentialing and reappointment process.

In addition to the peer review performed by the RHQN, Medical Staff Services through collaboration with Analytical Services will begin performing 100% chart review audits of all in-patient care provided and out-patient procedures performed by the Medical Staff on a monthly basis in 2015. Each review consists of an audit of the CMS core measures compliance. The audit is reviewed by Medical Staff Leadership and recorded in the practitioners credentialing file.

Medical Staff Office (MSO) Services:

Physician application processing for medical staff and allied health privilege is facilitated under contract at St. Joseph Medical Center (Bellingham, Washington) in the Northwest Network Medical Staff Services office since opening November 2012. Medical Staff credentialing functions are an element that must be delegated or collaborated with a larger medical center. PeaceHealth Peace Island Medical Center endorses this arrangement due to local staffing shortfalls and the Centers of Excellence model provided by St Joseph Medical Center. Effective in July 2012, PeaceHealth opened the Central Verifications Office (CVO). All provider applications and re-credentialing applications (physicians and allied health professionals) are now processed by the CVO, with support for PIMC still provided by the Medical Staff Office located at St. Joseph Medical Center. Primary Source Verification for all initial applications and reappointments continues to be performed by the PeaceHealth Central Verification Office (CVO) with privileging and Medical Staff Operations being coordinated through the Northwest Network Medical Staff Services

Pastoral Care:

- PIMC continues to offer the provision of spiritual care by a pastoral care provider of patient choice within the community. The Peace Health pastoral care provider is on call all other hours.
- Our pastoral care provider enlists volunteers and Pastors from local churches to provide coverage. A local ministerial council is active in our community and our pastoral care provider participates. The pastoral care provider determines if and when there is a need for supplemental coverage and to

what degree. Each Medical Center patient care unit is supplied w/the names/numbers of local pastors/ministers in the event that a patient asks for a visit.

Nutrition Services:

- Total Nutrition – 27 visits - 14 In Patient and 13 Out Patient visits (9 oncology consults, 1 Eating Disorder consult, 3 Out Patient Diabetes for a total of 13 outpatient consults
- Total Nutrition WLUs were 324 units (1 unit =15 min). 1 Tube feeding consults, 3 MD ordered consults, 5 Nursing consult, and 6 Registered Dietician high risk consults.

As compared to last year: outpatient consults were up 45%, There were 12 Presentations done in the community. WLU increased 385% including time spent on the community presentations in which a majority was related and funded by the Diabetes Outreach grant I wrote and administered.

Diabetes Services:

Our focus is on diabetes outreach, management and prevention in our community. We wrapped up a diabetes education grant, On the Road to Living Well with Diabetes funded by Attorney General's office. There were 3-6 week long class series targeting individuals and their caregivers with Diabetes and pre Diabetes and provided A1C, Blood Pressure, and Blood Cholesterol monitoring along with education on a healthy diet, physical activity, diabetes monitoring tests recommended, and eye health all at no charge to participants. In addition they also receive printed education materials to reinforce concepts, a pedometer, resistance bands, and exercise videos. There were 40 participants served. Results from this grant project for participants who completed the 6 week class series:

- A significant 0.9 average decline in the A1C, a measure of blood glucose control. Pretest A1C averages were 8.1 compared to posttest averages of 7.2. An A1C in the 8 range is considered uncontrolled with average blood glucose about 180mg/dL and poses a higher risk for diabetes related complications such as nerve, kidney, heart and eye disease.
- An increase in self-efficacy to prevent long term complications of diabetes as well as an improvement in mood based on a Likert scale.
- An increase in exercise (20 minutes or more average 3.5 days a week pretest to 4.2 days posttest)
- Eating a variety of fruits and vegetables (average 5.1 days a week pre to 5.7 days a week post)
- An improvement in self-monitoring blood glucose from average 4.3 days a week to 5 days a week post.

They also showed modest to significant improvement in all areas of behavior in response to the diet and nutrition questionnaire inquiring about the use of the My Plate method to choose foods, reading nutrition facts labels, moderating carbohydrate intake, choosing low fat foods, increasing fruit and vegetable consumption, using less salt, making healthier food choices when eating out and doing regular physical activity.

Self-reported income indicated 39.5% had an income of less than 25K a year. 10% had no insurance at all and 20% were not sure if they had coverage. 7.5% skipped taking their medication because they couldn't afford it and 16.7% skipped checking their blood glucose because of cost.

An outcome of this project was a decision to hold quarterly support group and educational meetings on San Juan Island as well as discussions to hold biannual meetings on Orcas and Lopez Island to further disseminate diabetes information. In addition PIMC is setting up a satellite Diabetes education counseling program under the Peace Health St Joseph's program to provide one on one diabetes education and medical nutrition therapy.

Community Outreach:

In addition to the presentations done with the Diabetes project and the first quarterly meeting for the Diabetes Support group, there were requests from Community Members and PIMC made available Registered Dietician time to teach 2 Healthy snacking classes at the elementary school, An Eating Seasonally for Good Health class at the County Fair, An overview of Type 1 Diabetes for the Island Rec after school program that has 2- Type 1 Diabetes students enrolled, and participated in the PIMC Health Fair with a focus on decreasing Sugar Sweetened Beverages and a Think Your Drink Interactive Display Board.

As compared to last year: outpatient consults were up 45%, there were 12 Presentations done in the community.

Pharmacy Services:

Staffing: In early 2014, our PIMC pharmacy was staffed with a full time pharmacist and a full time pharmacy technician. To cover staff vacations and sick leave, we sought and were approved for both a per diem pharmacist and a per diem pharmacy technician. We hired a per diem pharmacy technician in early June 2014 and the hiring process for our per diem pharmacist was started at the end of 2014. In 2014 our full-time pharmacist was promoted to Pharmacist Lead. All pharmacy personnel are local residents, invested in our island community.

Delivery of Medications: Because of our increase in patient care, in 2014 became evident that we needed to add a third drug delivery day to our week. Pharmacy requested and it was approved that our distributor would provide an additional delivery day per week with no additional charge. Having additional drug delivery allows more medication flexibility and pharmacy service for our patients.

Pharmaceutical Waste: In 2014 PIMC pharmacy started using a new pharmaceutical waste disposal process for all controlled medications. This process reduces pharmaceutical waste from entering our sensitive island water system.

Compliance: In accordance with USP 797 compliance, we perform several infection prevention measures including but not limited to: daily floor mopping, hood cleaning, and annual PATTII testing for IV compounding personnel. Ensure quality, purity, and safety for our patients.

Continual Process Improvement: We are continually updating the medications available as Pre Packs in the ED. In 2014 PIMC added seven additional pre packed medications based on physician requests. The pre packed medications allow improved patient care because access to our local retail pharmacies is limited. In addition in 2014, the pharmacy has collaborated with four new physicians and made sure that when these physicians are practicing at PIMC, they have the medications they need available via the automated medication dispensing systems throughout Peace Island Medical Center. By being proactive in granting physician medication requests, we have improved patient care.

Unit Dose Dating: Our pharmacy technician researched and acquired a unit dosing system that ensures integrity of oral medications for up to one year: lengthening their previous packaged shelf life by six months, reducing overall pharmacy drug costs.

Communication: PIMC Pharmacy continues to participate in the following professional meetings including Medical Executive Committee, Quality Assurance, and Safety Committee. Informal pharmacy orientation is given to all new nurses and ED physicians and a continual line of care conferences with pharmacy, nursing, and physicians is standard regarding ED, Clinic, Cancer Care Center, and inpatients. Inter professional patient care conferences with pharmacy are a standard in our facility as we are fortunate to have closeness both in proximity and comradery resulting in better patient care.

Cancer Care and Specialty Center: In 2014 we have seen a huge increase of patients requiring pharmacy services in the Cancer care and Specialty Infusion Center. We have increased the medications that we carry to accommodate our physicians' orders for these patients. These new medications include topotecan, docetaxel, pemetrexed, paclitaxel protein bound, pertuzumab, ofatumumab, and oxaliplatin. In addition in 2014 we also started sending patients home with chemotherapy medication pumps. All of these types of infusions allow islanders to receive necessary treatment close to home.

Collaboration with San Juan County Health Department: In 2014, we worked closely with the San Juan County Health Department during the Measles outbreak making sure our islanders had available both adult and pediatric appropriate vaccines. We also made sure that IVIG and IM IG were available at all times during the outbreak. We fielded calls from our County Health Officer and physicians throughout the San Juan County and his staff regarding appropriateness of therapy for our islanders. For Ebola Preparedness our PIMC Lead Pharmacist attended meetings including the Ebola Preparedness drill. PIMC pharmacy created an EBOLA pharmacy cart which allows caregivers to access needed supportive care medications for an Ebola patient while reducing potential cross contamination of caregiver with other patients and other caregivers

Health Information Management (HIM) and Information Technology (IT) Services:

- HIM document scanning services available on site at PIMC. Other HIM services provided by Shared Services Center (SSC) in Vancouver WA.
- ROI (Release of Information) The cross regional ROI group implemented the Release Scan program in all regions. This program allows for cross regional tracking of the requests, release and invoices

generated for ROI. This also allows for cross coverage. The SSC in Vancouver is now staffed with full time ROI staff.

- EMR (electronic medical record) transition from Centricity to EPIC completed in September 2013 for clinic staff only. Hospital wide EPIC conversion is planned for 2016.
- Diagnostic Coders are Coding Professionals certified by AHIMA are provided by SSC.
- PeaceHealth Coding Team is a remote coding model that includes PeaceHealth Service Center Coding. Implementation of Coding Education & Training for ICD-10 implementation began system wide in preparation for the effective date 10-1-2015.

- Information Technology (IT) services are managed by PeaceHealth Information Services and Technology (HID) and follows all applicable and system standards and industry security measures for hardware, software and data storage. Due to our rural and remote distance from the main IT operations on the mainland, PIMC contracts with Computer San Juans, LLC to provide on-site technical support and IS implementation/installation as requested for a minimum of 8hours each week.

Risk Management:

PIMC Risk Management representation on site is provided by the Director of Administrative Services who regularly participates and reports to NW Network system RM/OI and Legal representatives. On site risk management is managed as directed by the Risk Management plan.

The Risk Management Plan is designed to support the mission and vision of PeaceHealth by serving as good stewards of resources through patient advocacy, grievance resolution and claims management and by improving patient safety through identification and mitigation of patient safety incidents. Risk Management serves to protect the organization by reducing risks related to facility and employee safety. PeaceHealth leadership ensures risk analysis and reduction as a core competence and integral part of all planning and operational activities. The Risk Management operational framework supports achievement of strategic objectives by bringing a systematic and principled approach to identifying and reporting, analyzing, mitigating, and preventing risk at all organizational levels.

Organizational Integrity / Compliance Programs, Including Privacy:

- PeaceHealth Peace Island Medical Center continues with a strong organization-wide approach to Compliance. Employees are educated annually. PIMC follows system policies & procedures for compliance and reporting. A local team meets six times per year, and updates are presented to the Regional Executive Team as well as the Governing Board.
- PIMC Director of Administrative Services reports to NW Network Compliance Officer, who represents the Network and is active on the PeaceHealth OI/Compliance Team.

Patient Care Policies:

- The document management system assists in the resolution of inconsistencies and conflicts between department and community policy documents, and network and system-wide policy documents. Annual electronic review notices continue to occur in this system as well as collaboration efforts by multiple department managers and committees.
- PIMC adapted all its patient care policies formatted into the new system 100% and customized to PIMC facility size and scope.

Service Excellence/Patient Experience:

- Peace Health Peace Island Medical Center established a Community Experience Committee in 2014. The purpose of the Committee is to build and maintain relationships to ensure we are meeting the personal and community health needs in our primary service area, and to actively engage the PeaceHealth values of collaboration, social justice, respect and stewardship. Members of the Community Experience Committee reflect the community we serve and include community leaders in a variety of civic and business arenas, including our partners in health and wellness.
- The first Community Health Needs Assessment was conducted in 2014 in close partnership with community partners including the San Juan County Public Health Department, San Juan County Public Hospital District #1, San Juan Island Community Foundation, the San Juan Island Family Resource Center and various local community organizations, including EMS, schools, behavioral health, the senior center, resource center and the public library. All stakeholders were tasked with reviewing available published data, and a robust outreach effort was undertaken, including meetings and interviews with identified key informants. In addition, a Core Planning Group was convened and two stakeholder meetings were held. Components of the process were based on the national *Mobilizing for Action through Planning and Partnerships* (MAPP) model, an evidence-based community-wide strategic planning process for improving community health.
- Continued work on improving the patient experience through Language of Caring training for all staff. This is an ongoing program.
- New provider specific Language of Caring program books/tools distributed.
- Provider specific Patient Experience Shadow Coaching for interested PIMC providers.
- Care Checks purposeful hourly patient rounding implemented on the inpatient unit.
- Phone system redesign to better meet patient needs.
- Patient Ambassador Program implemented with the help of volunteers with a goal to expand this to oncology services.
- Hotline to the Heart set up for patients and families to leave feedback for recognition and improvement.
- Nurse leader patient and staff rounding.

Peace Island Volunteer Organization:

Peace Island Volunteers is an independent charitable organization supporting Peace Island Medical Center. We have approximately 60 dues paying members, and 50 members who are “In House Volunteers” at PIMC and are not required to pay dues.

Our biggest project is recruiting, training, and overseeing the In-House Volunteers. Every In-House Volunteer:

- Participates in an in-depth training session
- Receives on the job training as necessary
- Undergoes a background check performed by an independent agency
- Signs a confidentiality form
- PIMC In House Volunteers help the staff give the best possible care to PIMC patients. They are never paid, and they work long hours, giving generously of their time and talents.
- In addition, members of Peace Island Volunteers also
- Plan, purchase, install, and take down the beautiful seasonal decorations at PIMC
- Provide a free book for every child who comes in to the Clinic or Emergency Department
- Oversee knitting, crocheting, and quilting projects for Cancer Care patients
- Provide clothing and hospitality kits for emergency patients whose clothing may have been ruined in an accident
- Maintain magazines throughout PIMC, keeping them fresh and current
- Funded and oversaw the building of the “Peace Path” trail at the south end of the property
- Raised money to purchase the self-service blood pressure kiosk located on the first floor by the elevator
- Purchased picnic tables for the staff to use during their breaks
- Serve as hostesses at PIMC events and classes
- Are always ready to help PIMC in any way they can

The Peace Island Volunteer Organization has been a tremendous support to the Cancer Center. PIV has provided hand-knit hats, scarves and gloves to our patients as well as contributing a Keurig coffee-maker in our hospitality area, and docking station for music. They were generous in support of our Christmas Baskets to 2 of our patients in dire need. They also financially support our "graduation" gifts that we give to patients upon completion of their chemotherapy.

Patient Ambassador Program:

PIMC interviewed and selected three (3) volunteer patient ambassadors from the established Peace Island Volunteer membership in 2014. These three ambassadors went through the formal training and they share on a call roster for staff when they are needed anywhere in the hospital setting. Cancer Care/Infusion clinic patients have benefitted from the Patient Ambassador Program as some patients have minimal support systems at home and this program has proved to be an additional support system

to our patients. It encompasses patient centered care and has increased our patients experience in a very positive manner.

The Patient Ambassador Program is designed to provide patients and families with support and encouragement. This program is part of improving the patient experience and echoes our mission of treating each person in a loving and caring way.

The role of the volunteer patient ambassador includes:

- To assist patients in becoming their own advocates (making sure they understand their care plan, ask questions of their provider if they don't understand something, getting help when they need it).
- To provide sympathetic support, encouragement and stimulating companionship to patients and families during their hospitalization and/or treatment.
- To assist in maintaining the patients' sense of control and allow them to voice their concerns.
- To be a compassionate listening ear.
- To notify PeaceHealth caregivers when a special need or request for resources arises through conversation with patients and families.

SUMMARY/RECOMMENDATIONS:

Peace Island Medical Center leadership remains focused on providing safe, compassionate care to the communities of the San Juan Islands by providing a broad range of health care services directed to their needs.

The following milestones and goals have been established for FY14.

- Community health needs Assessment
- Patient Ambassador Program Established
- Continued build of outpatient surgical services adding Orthopedic and additional General Surgery schedules.
- Continued build of telemedicine network services in Psychiatry, oncology, and hospitalist consults.

FY 15 Plans include:

- Establishment of Family Medicine and Rural Emergency Medicine Resident Rotations in partnership with the University Of Washington School Of Medicine.
- Palliative Care Program including Cancer Support Groups
- Expansion of telemedicine to include cardiology and stroke care consults.
- Swing Bed Program start-up

Critical Access Hospital (CAH) Annual Program Review in Review Approvals

Tom Cable
Chairperson, PIMC Governing Board

Date

Jim Barnhart
PIMC Chief Administrative Officer

Date

Merry Ann Keane, RN
Director of Clinical Services, PIMC

Date

Peg Gerlock
Chairperson, Quality Committee/PIMC
Governing Board

Date

Joni Och
NW Network Director, Quality/Clinical Value

Date

Michael Sullivan, MD., Medical Director PIMC
Emergency Department

Date

PIMC Quality Dashboard

Measure	Results	Analysis
Hand Hygiene <i>Observations of Wash In and Wash Out percentage</i>	October: 97% and 100% for both wash in/wash out over the last two months. Target is 100%	Improved compliance with hand hygiene. Increased number of audits indicates increased focus on this issue.
Medication Reconciliation at discharge	Solid performance over past three months: 100%-93%-100%.	Consistent improvement noted in past three months.
Pain assessment and re-assessment	Results are highly variable with low denominators. Last month at 85% but has been less than 80% in four of past six months.	Reflects inpatient care only and like other measures, denominators are low. Most often is a failure to document re-assessment
ED Arrival to Transfer to another facility	Recent times are longer than 12 month rolling mean	Difficult to compare from month to month with low numbers. Seasonal weather and logistical variations may be a factor for those patients who are transferred off the island.

PeaceHealth Peace Island Medical Center
Quality Dashboard

Quality Assurance/Peer Review Information:
CONFIDENTIAL INFORMATION PROTECTED BY LEGAL PRIVILEGE AND
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	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target	Trend	Comments
Admissions (Includes Observation)	21	28	23	26	32	45	40	35	46	17	11	17		NA		
Inpatient Days	21	31	20	18	12	18	31	32	31	32	11	27		NA		
VISTA	Jan-14	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct				Target	Trend	
30-day readmissions all cause (low n)	30%	0%	8%	17%	0%	0%	12%	12%	6%	21%	10%			NA		Low numbers, but over time the rate of readmission remains low.
Pneumonia 30 day readmissions (low n)	3/10	0/10	1/13	2/12	0/8	0/8	2/17	2/17	1/18	3/14	1/10			NA		
Unadjusted Inpatient Mortality- <i>12 Month Rolling Average</i>	5.95%	4.88%	3.75%	3.66%	3.66%	1.28%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%	1.52%			This is a 12 month rolling average. Low mortality trend.
Patient Safety Indicators:																
Hand Hygiene-wash in	NA	100%	100%	100%	No observations			78%	100%	60%	97%	100%		90%		
Hand Hygiene-wash out	NA	100%	100%	100%	No observations			100%	100%	70%	97%	100%		90%		Improving in auditing #s and compliance
IV Infiltrations or Phlebitis Events Rate per 1000 peripheral IV starts	0.0	47.6 <i>n=1</i>	55.6 <i>n=1</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0%		No infiltrations or phlebitis since March 2014.
BCMA (Bar Code Medication Administration) Scan Rate	77.3%	84.3%	79.4%	75.3%	76.4%	86.3%	87.5%	81.2%	90.7%	92.6%	92.1%	92.7%	92.3%	90%		Improving trend
Medication Reconciliation at Discharge-reconciled home list given to pt/pt's rep	86%	100%	100%	83%	80%	83%	91%	91%	92%	84%	100%	93%	100%	100%		Looking at less than 10 inpatient visits a month in general, but there are persistent misses.
Nursing Sensitive Indicators																
Falls per 1000 patient days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	31.20	0.00	0.00	0.00	0.00	0		
Falls with Injury per 1000 patient days	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0		
Pain Assessment with re-assessment after intervention	70.0%	46.7%	57.0%	40.0%	87.5%	53.3%	66.7%	39.9%	89%	71%	50%	48%	85%	90%		A lot of variability in this measure. Most misses are reassessments. Some misses due to charting error when reassessments are charted as new assessments.

NA= data not available or applicable

PeaceHealth Peace Island Medical Center Quality Dashboard

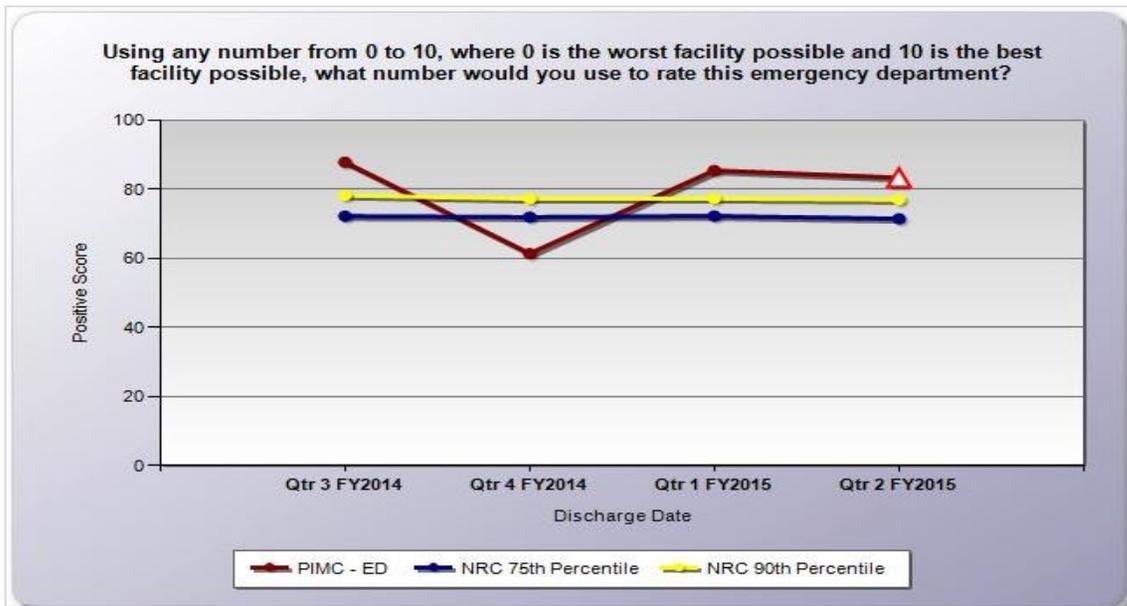
Emergency Department	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	12 mo. rolling avg	Target	Trend	Comments
ED Volume	179	162	189	199	212	284	391	404	293	234	225	215	235	254	NA		
ED: # returned within 72 hours, with admit to inpt or obs status, or transfer to another hospital						1	2	4	1	4	1	3	0	NA	not available		
*Median Time (minutes) from ED Arrival to ED Departure for Discharged ED patients	120.5	87	152	120	95	105.5	145.5	109.5	117	114	105	127		108	133		
*Median Time from ED Arrival to ED Departure for Transferred ED patients	206	135.5	181	191	214	118	321	245	234	311	199	244		168	not available		Low numbers make wide fluctuations likely. Best gauge is 12 mo. rolling average.
*Median Time from ED Arrival to ED Departure for Admitted ED patients-Overall Rate	266	256	240	185	248.5	161.0	132	220	201	208	106	265		215	top decile 277.0		
*Door to Diagnostic Evaluation by qualified medical personnel	10.5	10	11.5	21	26	16	13.5	12.5	14	17	10	8		13	top decile 25.0		
*Median Time to Pain Management for long bone fracture	NA	NA	NA	28	NA	39	83	41.5	27.5	25	36	12.5		38	top decile 54.0		
ED: Restraint/Seclusion Use and Documentation Compliance	100% 2/2	100% 3/3	NA	100% 1/1	100% 1/1	100% 1/1	50% 1/2	100% 1/1	100% 1/1	NA	100% 2/2				100%		

NA= data not available or applicable

*note that many of these data are reported at considerable delay

Emergency Trend Line Report - Overall Rating

February 06, 2015

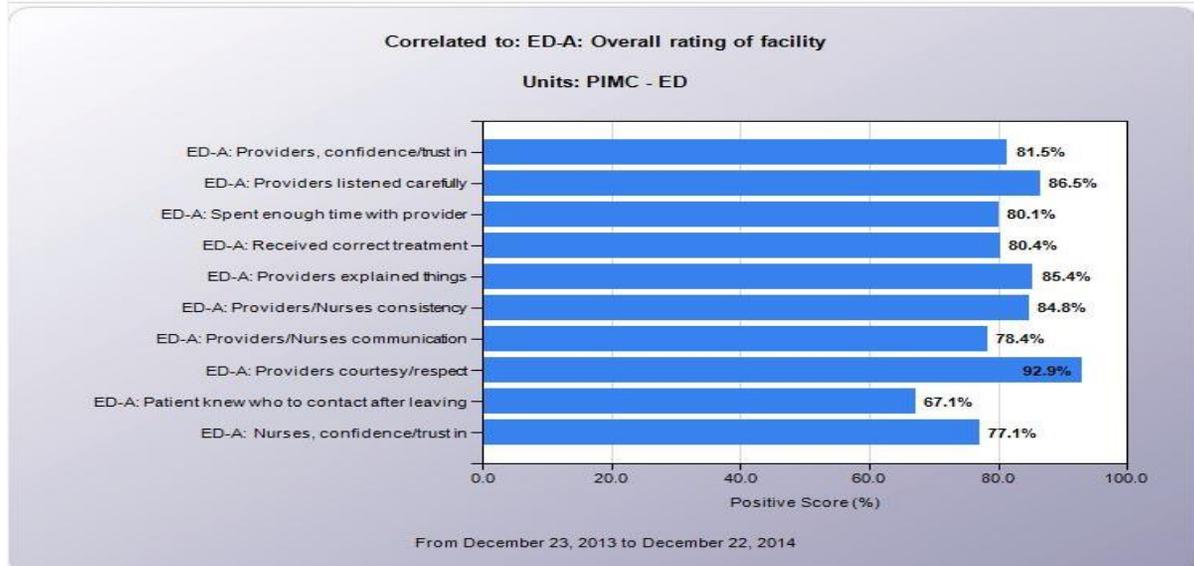


ED HCAHPS Report:

Over 80% of our patients rate our emergency department at 9 or 10 out of ten. Relative to other NRC ratings, this is top decile performance.

Emergency Key Drivers Report

February 06, 2015

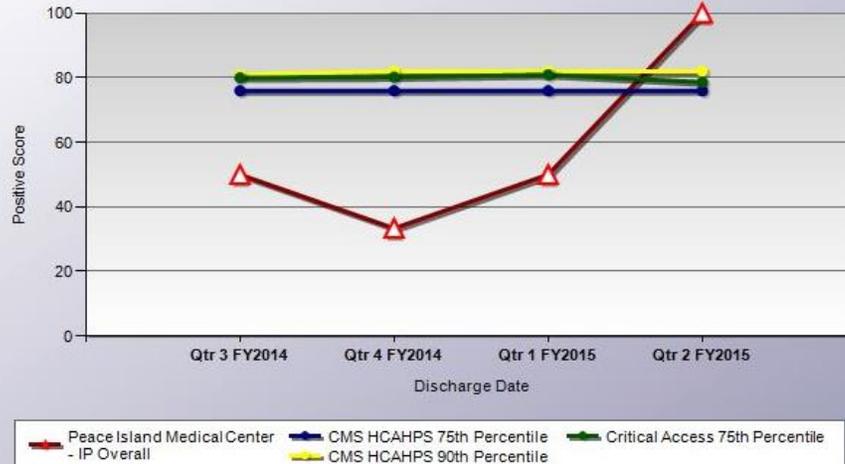


Here are some of the reasons why, as well as opportunities to improve.

Inpatient Trend Line Report - Rate Hospital

February 06, 2015

Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?



Inpatient HCAHPS Report:

Quarterly n size of 2 or 3 is too low for adequate evaluation.

		Qtr 3 FY2014	Qtr 4 FY2014	Qtr 1 FY2015	Qtr 2 FY2015
Peace Island Medical Center - IP Overall	Positive Score	50.0% μ	33.3% μ	50.0% μ	100.0% μ
	n-Size	2	3	2	3
CMS HCAHPS 75th Percentile	Positive Score	76.0%	76.0%	76.0%	76.0%
	n-Size	300	300	300	300
CMS HCAHPS 90th Percentile	Positive Score	81.0%	82.0%	82.0%	82.0%
	n-Size	300	300	300	300
Critical Access 75th Percentile	Positive Score	80.0%	80.2%	81.0%	78.6%
	n-Size	24,127	24,758	24,941	25,591

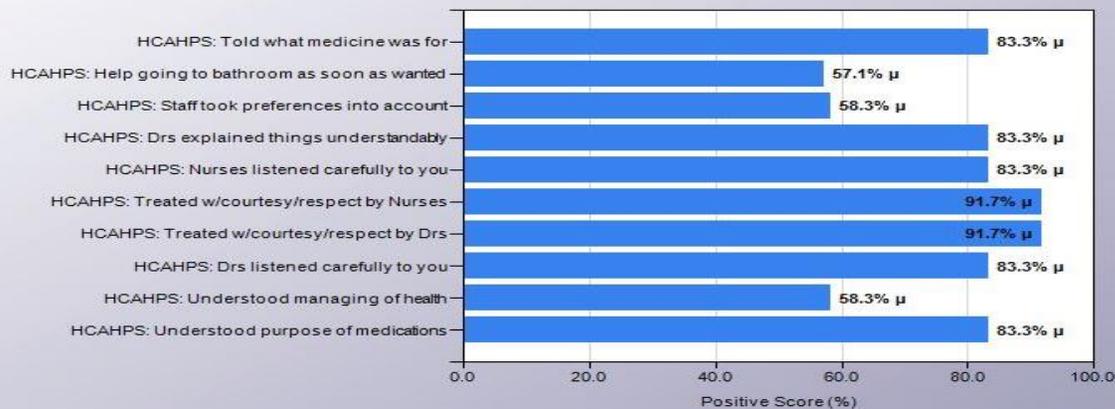
μ - Warning! n-Size is low!

Inpatient Key Drivers Report

February 06, 2015

Correlated to: HCAHPS: Rate hospital

Units: Peace Island Medical Center - IP Overall



From November 16, 2013 to November 15, 2014