

December 19, 2002

Dave Palm, CAH Program Administrator  
Nebraska Health and Human Services System  
Nebraska Office of Rural Health  
P.O. Box 95044  
Lincoln, NE 68509-5044

Dear Dave:

Enclosed is a copy of our second "annual" report regarding the activities of the critical access hospital network affiliated with Good Samaritan Hospital. It has been a pleasure working with the administrators and staff of these organizations. I hope that the enclosed report provides you with the information that captures the activity of the network.

If you have any questions, please feel free to contact me.

Sincerely,

David K. Glover  
Senior Vice President  
(308) 865-7901

sp

c: John Roberts

Enclosures

G:\sp\2<sup>ND</sup> ANNUAL REPORT ACTIVITIES LETTER  
CAH 1 /SECOND ANNUAL RPT 1

**GOOD SAMARITAN HOSPITAL**

**CRITICAL ACCESS HOSPITAL**

**NETWORK REPORT**

**December 19, 2002**

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# **GOOD SAMARITAN HOSPITAL CRITICAL ACCESS HOSPITAL NETWORK ANNUAL REPORT**

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## **I. INTRODUCTION**

## **II. DESCRIPTION OF NETWORK**

A. Listing of Hospitals, Administrators

B. Map Depicting Location of Hospitals

## **III. REPORT ON CAH NETWORK MISSION STATEMENT, VISION STATEMENT, GOALS AND GOAL ACHIEVEMENT**

A. Mission Statement

B. Vision Statement

C. Goals and Work Plans

D. Education

## **IV. CRITICAL ACCESS HOSPITAL NETWORK MEETINGS, ACTIVITIES**

## **V. CRITICAL ACCESS HOSPITAL NETWORK GRANT**

A. CAH Network Grant Fund Expenditures and Receipts

Appendix A: CAH Network Minutes

Appendix B: CAH Hospital Financial Planning Tool

## I. INTRODUCTION

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The Good Samaritan Critical Access Hospital Network consists of 12 hospitals. These hospital locations stretch from central and south central Nebraska to both northern and western Nebraska as evidenced by the map that follows. Each hospital provides local health services and access to their service area. The report that follows covers the timeframe of November 2001 through October 2002. This report is intended to provide an overview of the network's activities during its first year of existence and to highlight its direction and accomplishments. As was stated in the enabling legislation, the Network through its members, is utilizing its efforts to improve the quality and availability of care to its patients and to raise the overall health status of those living in the respective service areas.

## II. DESCRIPTION OF NETWORK

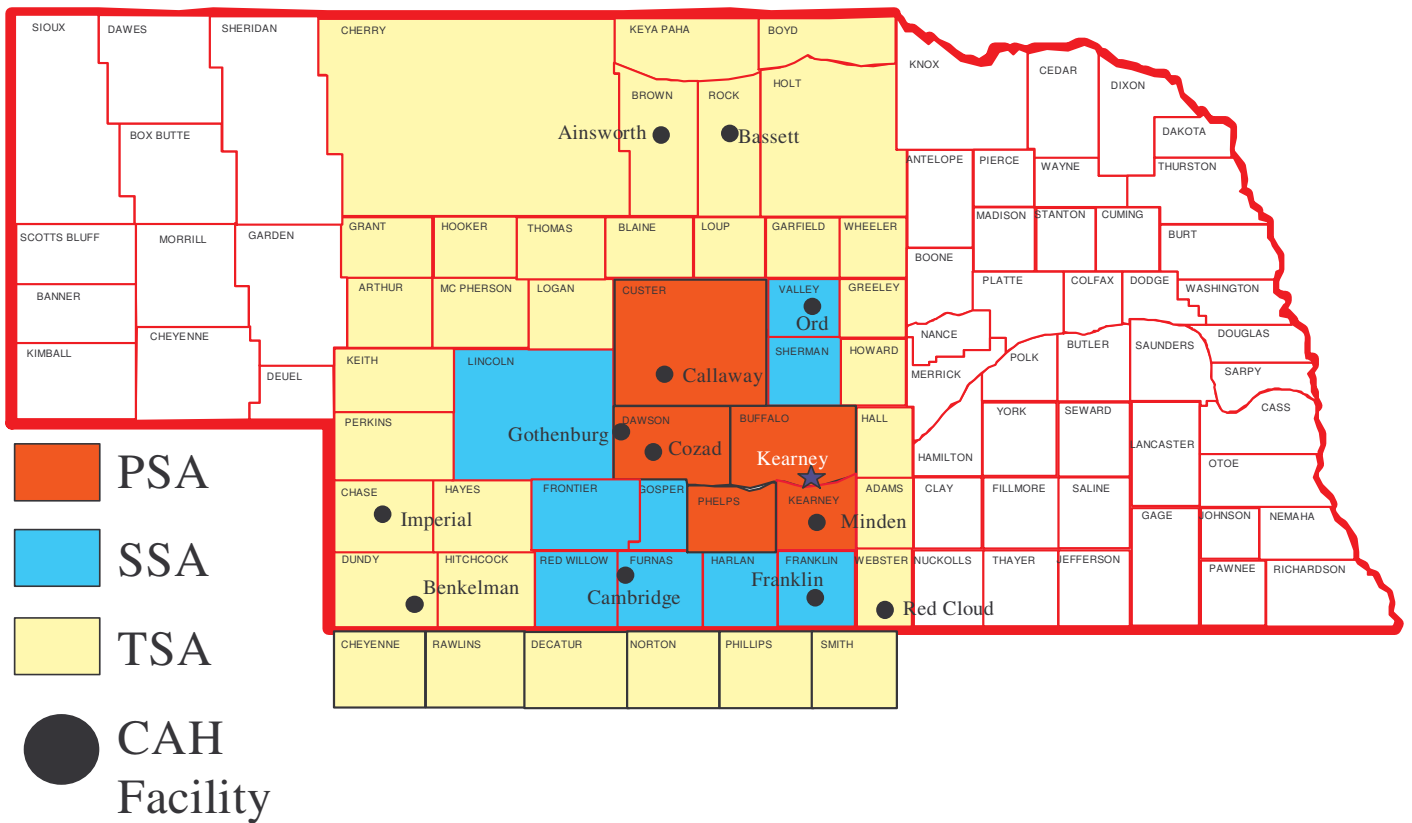
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### A. LISTING OF HOSPITALS AND ADMINISTRATORS

<b>HOSPITAL</b>	<b>CITY</b>	<b>ADMINISTRATOR</b>
Brown County Hospital	Ainsworth	Dan Cole
Callaway District Hospital	Callaway	Marvin Neth
Chase County Hospital	Imperial	Rich Hamilton
Cozad Community Hospital	Cozad	Lyle Davis
Dundy County Hospital	Benkelman	Rita Jones
Franklin County Memorial Hospital	Franklin	Jerrell Gerdes
Gothenburg Memorial Hospital	Gothenburg	John Johnson
Kearney County Community Hospital	Minden	James Fairchild
Rock County Hospital	Bassett	Stacey Knox
Tri Valley Health System	Cambridge	Lynn Milnes
Webster County Community Hospital	Red Cloud	Robert Sheckler
Valley County Hospital	Ord	Phil Lowe

**B. MAP OF CAH HOSPITALS**

**Critical Access Hospitals  
November 2002**



### III. REPORT ON CAH NETWORK MISSION STATEMENT, VISION STATEMENT, GOALS AND GOAL ACHIEVEMENT

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#### **A. MISSION STATEMENT**

The Critical Access Hospital Network will work together to develop systems to enhance the excellent health care currently being provided to the communities being served.

#### **B. VISION STATEMENT**

The Critical Access Hospital Network will utilize a collaborative approach to improving processes of communication, quality assurance, peer review and credentialing so that care is optimized within each hospital in the network as well as when patients are transferred from Critical Access Hospitals to the tertiary care hospital. As a network, we will look for ways to support the network while strengthening its individual members and the communities they serve.

#### **C. NETWORK GOALS AND WORK PLANS**

##### **GOAL ONE:**

Review transfers within the network to ensure that the process is efficient and that information is as complete as possible with each transfer.

##### **Work Plan:**

**Step One:** Complete the transfer review schedule. Review the process with the network quality representatives on an annual basis.

**Step Two:** Refine the process as needed to ensure a standardized and effective transfer process.

**Step Three:** Implement revised processes regarding facility-to-facility and facility communication to the physician, both physician-to-physician and facility-to-physician.

##### **GOAL ACCOMPLISHMENT:**

A plan for reviewing transfers was developed and implemented. Transfer documentation is reviewed with each transfer and a transfer checklist is sent to each facility for the facilities' files. The facility is contacted if any documentation is missing. A database is currently in development to provide reports for review as needed.

##### **GOAL TWO:**

Continue utilizing and improving the peer review process that was implemented throughout the network.

**Work Plan:**

- Step One:** Review process quarterly for effectiveness and value to participating network hospitals.
- Step Two:** Revise as needed to ensure compliance and value to participants.

**GOAL ACCOMPLISHMENT:**

The peer review process was re-evaluated and the indicators were revised at a meeting of quality coordinators in March 2002. The process has continued to serve the network well and to function as it was intended.

**GOAL THREE:**

Continue the credentialing review process for those network hospitals that have requested hub hospital oversight.

**Work Plan:**

- Step One:** Continue review of credentialing process currently in place at specified network hospitals, working with those individuals responsible for the function in their hospitals.
- Step Two:** Review the process to identify changes or updates required to meet legal and regulatory standards and continue service to network hospitals as needed.

**GOAL ACCOMPLISHMENT:**

All facilities were contacted regarding their current credentialing process and support was given to those hospitals that needed further assistance. At the July CAH Network Quarterly meeting, Gaylene Gehrt, Credentialing Coordinator for GSHS, presented credentialing updates and changes to meet legal and regulatory standards. She then provided follow-up visits to those hospitals requesting it.

**GOAL FOUR:**

Identify areas of focus for network hospitals and develop quality goals for the network that meet their needs.

**Work Plan:**

- Step One:** Meet with the quality representatives by April 15, 2002 to identify three common quality needs.
- Step Two:** Develop a plan to address the needs over the next year.
- Step Three:** Meet with the quality representatives at least twice per year to review progress made toward meeting the goals.
- Step Four:** One of the meetings will be an individual site visit to ensure implementation and success of quality plans. Provide each site with a written report regarding their quality review process with recommendations.

**GOAL ACCOMPLISHMENT:**

A quality meeting was held in March with all site coordinators and the following four goals were identified, with the status as indicated below:

1. Share departmental QI indicators by creating a master list (to include EMS).  
**STATUS:** Master list complete and shared with facilities.
2. Medication safety (patient)  
**STATUS:** Tests were distributed to all facilities with follow-up to take place in December.
3. Mental health issues (such as tele-health consults, education regarding diagnosis, resources, screening, etc.)  
**STATUS:** In the beginning stages with further discussion needed, to take place during site visits in December.
4. Utilization review education and resource consultations.  
**STATUS:** Inservices and individual reviews are being planned and will take place at the request of interested facilities.

**GOAL FIVE:**

Explore the compliance resource needs of the individual network hospitals.

**Work Plan:**

**Step One:** Identify individual network hospitals' needs for HIPAA requirements and a forum for addressing those needs.

**Step Two:** Identify disaster preparedness needs across the network and develop a plan to meet those needs. Include state planning projects into the network plan.

**GOAL ACCOMPLISHMENT:**

In FY03, the Critical Access Hospitals have chosen to use the HCPro modules for their HIPAA education. The Education Department will monitor the percentage of completion for each of the Critical Access Hospitals and report this statistic to each hospital administrator. Dale Gibbs, Supervisor of Emergency Services is working with the network and the State to explore bioterrorism readiness.

The Critical Access Hospital Network elected to use the HealthStream modules for their Corporate Compliance education. There are 11 modules to complete. The Education Department of Good Samaritan Hospital will monitor the percentage of compliance by each Critical Access Hospital and report this statistic to each hospital administrator.

The Critical Access Hospitals will explore the potential of accessing the Corporate Compliance Fraud and Abuse modules that have been developed by Catholic Health Association and can be accessed on-line.

Karen Crocker of Good Samaritan Hospital will share the Good Samaritan Health Systems orientation to corporate compliance notebooks with the hospital administrators.

**GOAL SIX:**

Design a comprehensive leadership development plan that includes medical staff, board of directors and senior management of each of the network hospitals.

**Work Plan:**

**Step One:** Identify needs at each individual network hospital.

**Step Two:** Develop the educational plan.

**Step Three:** Identify a timeline for implementation of the plan with the appropriate resources.

**GOAL ACCOMPLISHMENT:**

Leadership development needs were discussed with all of the network hospitals and it was decided to create a volunteer task force to study the various options available. As many of the proposed leadership development resources are only in the planning stages and unavailable at this time, the task force will wait to convene until the coming year.

**GOAL SEVEN:**

Continue the use of the HealthStream Educational System.

**Work Plan:**

**Step One:** Review the use of the HealthStream process and identify necessary changes.

**Step Two:** Obtain usage information by hospital site to determine cost for continuing.

**Step Three:** Evaluate programs of HealthStream to identify additional uses as appropriate by site.

**GOAL ACCOMPLISHMENT:**

The use of HealthStream was reviewed and all facilities that participated recommended continuing the utilization of this product for employee education. After reviewing the grant budget, it was decided to expand HealthStream to include HIPAA modules with entire cost covered through grant funding.

The Critical Access Hospitals will complete their first year of HealthStream use in January of 2003. At that time, a comprehensive annual report will be completed to determine usage per site. A satisfaction survey by employee users at the Critical Access Hospitals will be conducted to determine employee opinion on the online learning product. This annual report will be completed and distributed to Critical Access Hospital users.

A contract with HealthStream has been negotiated for FY03. The HealthStream organization has lowered the price per employee at each Critical Access Hospital and has offered two new programs as incentives.

The Critical Access Hospital network is to be commended for taking on the formidable task of implementing on-line learning. Verbally, the employees and the administrators have expressed a high degree of satisfaction with computer-assisted instruction

See Section III. D. for a Computer Education Report.

**GOAL EIGHT:**

Review communication processes among the network hospitals to ensure that timely and complete information is being shared with regard to patient care.

**Work Plan:**

**Step One:** Assign a Clinical Nurse Coordinator at the Hub site to communicate patient status from the hub hospital back to the network hospitals and/or referring physicians to improve continuity of care.

**Step Two:** Develop uniform communication processes to meet identified needs.

**GOAL ACCOMPLISHMENT:**

The Clinical Nurse Coordinator position was created at GSHS as part of the Outreach Services department. Dana Welsh, RN, was hired and started on April 1, 2002. Dana contacts all facilities and physicians when a patient is transferred or referred to GSHS and continues to communicate with the physician during the patient's stay, forwarding dismissal instructions when the patient is sent home. Dana also provides transfer communication and ensures EMTALA rules are being met.

**GOAL NINE:**

Work with all Critical Access Hospitals to meet requirements and develop processes needed.

**Work Plan:**

**Step One:** Continuously review all CAH requirements and current or proposed processes to respond to the requirements and develop processes to meet these requirements. Review costs of providing services for network activities.

**Step Two:** Share information from CAH surveys to ensure that all hospitals are benefiting from comments made or problems identified so that they might be addressed in a timely manner.

**GOAL ACCOMPLISHMENT:**

CAH requirements and costs have been reviewed throughout the year during quarterly network meetings. Individual facilities have shared information regarding CAH surveys among themselves. In addition, Nancy Brown reviewed results of state CAH surveys (initial and second) and updated the network about quality regulations in July.



**TOTAL NUMBER OF PROGRAMS PROVIDED: 77**

**TOTAL NUMBER OF PARTICIPANTS FROM CAH: 683**

**COMPUTER EDUCATION REPORT**

- Ø HealthStream Administrator Training in Computer Center 13 participants  
Ainsworth, Callaway, Cambridge, Franklin, Imperial, Red Cloud
  - Ø HealthStream Administrator Training in Computer Center 7 participants  
Benkelman, Callaway, Gothenburg, Red Cloud
  - Ø HealthStream Administrator Training 3 participants  
at Rock County Hospital
  - Ø HealthStream Training  
Callaway via Telemedicine
  - Ø HealthStream Administrator Training in Computer Center Cozad
  - Ø Computer Consultation visit to Ainsworth and Bassett
  - Ø Computer Consultation visit to Ord
  - Ø Computer Consultation visit to Callaway and Cozad
  - Ø Computer Consultation visit to Benkelman and Imperial
  - Ø Computer Consultation visit to Franklin and Red Cloud
  - Ø Computer Consultation visit to Cambridge and Gothenburg
-

The Critical Access Hospital Network elected to use the HealthStream modules for their Corporate Compliance education. There are 11 modules to complete. The Education Department will monitor the percentage of compliance by each Critical Access Hospital and report this statistic to each hospital administrator.

The Critical Access Hospitals will explore the potential of accessing the Corporate Compliance Fraud and Abuse modules that have been developed by Catholic Health Association and can be accessed online.

Karen Crocker will share the Good Samaritan Health Systems' Orientation to Corporate Compliance notebooks with the hospital administrators. In FY03, the Critical Access Hospitals have chosen to use the HCPro modules for their HIPAA education. The Education Department will monitor the percentage of completion for each of the Critical Access Hospitals and report this statistic to each hospital administrator.

**GOAL 7: CONTINUE THE USE OF THE HEALTHSTREAM EDUCATIONAL SYSTEM**

The Critical Access Hospitals will complete their first year of HealthStream use in January 2003. At that time, a comprehensive annual report will be completed to determine usage per site. A satisfaction survey by employee users at the Critical Access Hospitals will be conducted to determine employee opinion on the online learning product. This annual report will be completed and distributed to Critical Access Hospital users.

A contract with HealthStream has been negotiated for FY03. The HealthStream organization has lowered the price per employee at each Critical Access Hospital and has offered two new programs as incentives.

The Critical Access Hospital network is to be commended for taking on the formidable task of implementing online learning. Verbally, the employees and the administrators have expressed a high degree of satisfaction with computer-assisted instruction.

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**NURSING CONFERENCES**

Medication Safety: What Every Nursing Professional Should Know	1.2
Airway Emergencies in the Field: A Look at What Paramedics Have to be Prepared For	1.2 hours for EMT's
Innovations in Geriatric Care	7.2 hours
Dermatology Cocktail	1.2 hours
Care of the Immediate Post-Op Open Heart Patient	6.2 hours
12-Lead EKG Class	4.2 hours
Preventing Osteoporosis in the Breast Cancer Patient	1.2 hours
Surgical Breast Reconstruction	1.2 hours
Living and Working in Stress Prevention	1.2 hours
Hepatitis C	1.2 hours
Glycemic Control in the Hospitalized Patient	1.2 hours
How to Feel Good and Stay Positive No Matter What	1.2 hours
Medical Complications of Traumatic Brain Injury	1.2 hours
Infection Control and Immunological Issues in Trauma	1.2 hours
Living with Grief: Loss in Later Life	2.8 hours

Home Infusion: A Patient Option	1.2 hours
Pain Management for the Oncology Patient	1.2 hours
Med-Surg: Savvy Assessing the High Acuity Patient	14 hours
Update on Organ and Tissue Donation	1.2 hours
All About Insulin: Pancreas, Pens, and Pumps	1.2 hours
Post Traumatic Stress Disorder: Recognition and Treatment	3.0 hours

**NURSING CONFERENCES (continued)**

Symptom Management: Peripheral Neuropathy	1.2 hours
A Comparison of Antidepressants	3.0 hours
Nursing Law and Risk Management	4.2 hours
Dimensions of Traumatic Stress	4.5 hours
Weight Loss Methods: The Good, The Bad and The Ugly	1.2 hours
Acupuncture	1.2 hours
Dimensions of Traumatic Stress	4.5 hours
Emergency Management of the Cardiac Patient	2.4 hours
Neurological Disorders: Alzheimer's Disease and Stroke	3.0 hours
Fetal Monitoring Course	5.1 hours
Basic Arrhythmia Course	12 hours
Family Centered Maternity Care	6.6 hours
The Effects of Exercise on Diabetes Mellitus and Osteoporosis	1.2 hours
Performance Under Pressure, Quality in our Work, Balance in our Lives	2.4 hours
Basic Critical Care Course	20 hours
Brachytherapy: Modern Day Role	1.2 hours

Moods, Behaviors, and Quality Care: A Psychiatric Nursing Update		6.3 hours
Innovations in Geriatric Care		7.4 hours
<b>TOTAL NURSING CEU'S</b>		<b>142.8 for Seminars, Grand Rounds, Nursing Noon Conference</b>

Advanced Life Support Courses Offered to Critical Access Hospitals:  
Physician CME, Nursing CEU

ACLS	48 CME	33.3 CEU
PALS	22 CME	26.5 CEU
NRP	5 CME	6 CEU

Trauma Nurse Core Course:	16 CEU
Advanced Trauma Life Support:	16 CME
Physician Noon Conference:	48 hours CME
Grand Rounds:	24 hours CME

**TOTAL NURSING CEU's OFFERED TO CAH: 218.6 HOURS**

**TOTAL PHYSICIAN CME HOURS OFFERED TO CAH: 139 TOTAL HOURS**

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## **IV. CRITICAL ACCESS HOSPITAL MEETINGS**

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The Critical Access Hospital Network attempts to meet on a routine basis. We have found that one of the biggest advantages of these meetings is the interchange of ideas and information. We have also taken the position that, whenever possible, we include hospital representatives from nursing and quality management in the meetings. In the case of our network, we have utilized our telemedicine network to interactively hook up hospital sites where travel is difficult because of distance, weather or concurrent demands on time. We have found this technology to be of great assistance. In addition, we have attempted to incorporate some educational pieces into the meeting to bring additional value to the participants.

The following is a listing of the network meetings held and a synopsis of the meeting content. We have full copies of the meeting minutes in Appendix A.

### **A. OCTOBER 25, 2001**

The meeting was held at the Cornhusker Hotel in Lincoln in conjunction with the Nebraska Hospital Association meetings. There was attendance from all but one critical access hospital. Dave Glover presented a progress report on the network activities that would be included in the first annual report and noted that the information would be used for grant applications. There was also presentations and updates from Lesley Bollwitt regarding grants, Karen Crocker on education, and Dave led a discussion on strategic planning for 2002.

### **B. FEBRUARY 6, 2002**

This meeting consisted of a financial planning workshop provided by Kurt Moural of Dohman, Akerlund & Eddy, Certified Public Accountants and Consultants. The objectives of this session were the development of a process and the review of accompanying tools to evaluate specific strategies, service offerings and opportunities in the rural hospitals. Actual work group sessions were employed to teach the utilization of the tools that were developed specifically for this network.

The consultants developed an excel template for each facility to use with their most current CAH cost report data. Once the historical cost report data is input into the template, the individual facilities can run analyses of various operational projections or changes. The template then computes the overall cost impact of these operational projections.

The participants worked through the reimbursement template, as well as hypothetical problem solving. Each hospital received the reimbursement spreadsheet on diskette, as well as the financial planning workbook.

**C. MARCH 27, 2002**

This meeting was a quality meeting where there was discussion of the physician peer review process. Transfer reviews were discussed as well as quality goals for 2002. The group also developed action plans.

**D. JULY 17, 2002**

This meeting was a combined telemedicine/critical access hospital meeting held at the Holiday Inn. It was a five-hour session with a great deal of discussion on grant activity and updates on network upgrades. There was discussion on Region II Behavioral Health activity. Lesley Bollwitt distributed a report on USAC funding which provided a summary of Year 4 Funding commitments received. Wanda Weekley reported on what the FCC is doing with regard to USAC funding and also on network usage.

For the critical access hospital meeting, Karen Crocker provided an update on the HealthStream product. Lesley Bollwitt reviewed the CAH funds that we have received towards the grant and the funds that have been spent along with the projects that the funds were spent on.

Nancy Brown of the State Health Department was present to provide a session on quality. Nancy brought the group up to date on a variety of issues. Nancy provided an explanation of the Anesthesia Risk and Evaluation C322. She also discussed the new form submitted to replace the MDS form. She provided an explanation of the state's position in regard to annual surveys and if there were any new regulations regarding credentialing and quality assurance.

Nancy also distributed a comparison of deficiency patterns in frequency of occurrence sequencing deficiency listings for non-accredited hospitals.

Dave Glover reviewed the work plan for 2002 and where the group was at with regard to meeting those goals.

At this meeting, Laura Meyers discussed the locum grant, the Rural Physician Support Network, available to critical access hospitals.

Gaylene Gehrt, Credentialing Coordinator of Good Samaritan Hospital, provided an update on credentialing of physician.

Dana Welsh, Outreach Clinical Coordinator of Good Samaritan Hospital, was introduced and provided a review of her position and responsibilities.

**E. SEPTEMBER 5, 2002**

This meeting was held at the Holiday Inn in conjunction with a Nebraska Hospital Association convention. Rick Shaw, President of CorpNet Security provided a presentation of his product, that assists in HIPAA preparation and compliance. CorpNet Security specializes with Information Security and Information Privacy solutions. CorpNet Security's PEOPLE, PROOF, SECURITY (PPS) services and e-MOAT (Electronic-Managed Ongoing Awareness Training) services enables an organization to develop and implement the most effective ongoing Information Security Program available today.

Karen Crocker distributed information on HIPAA, HealthStream and the HeartCode Interactive Learning System.

Colleen Chapp was also present at this meeting providing an outline of what their network is doing and their strategic plan.

Also discussed were compliance resource needs, CAH website and physician recruitment education. Lesley Bollwitt distributed information and reported on grant opportunities.

With regard to telemedicine, Lesley Bollwitt is in the process of developing a grant proposal for additional funding. Good Samaritan Hospital has taken an initial attempt at identifying potential projects and needs to be addressed in the grant.

**F. OCTOBER 17, 2002**

This meeting took place at the Cornhusker Hotel in conjunction with the Nebraska Hospital Association Annual meeting. Roger Keetle was present and spoke to the group about state funds that may be available through the Public Service Commission for assisting with line charges relative to telemedicine.

There was an update provided by Karen Crocker on HealthStream and continuing medical education. Karen also provided an update on the Planetree philosophy of healthcare and distributed informational brochures.

Laura Meyers reported on leadership development. Laura also reported on a possible physician recruitment seminar per discussions from the September meeting.

As in prior meetings, there was discussion regarding website updates/technical updates, telemedicine and AT&T interpreter services.

Discussion also revolved around Corporate Compliance, Bioterrorism and HIPAA issues.

## V. CRITICAL ACCESS NETWORK GRANT

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In 2001, the CAH Network submitted a grant proposal to the Office of Rural Health, Nebraska Department of Health and Human Services to help instigate the initiatives that support CAH network members in providing care to their communities and surrounding service areas.

Following the award of the year one funds in the amount of \$68,000, the CAH Network members developed a process that:

- A) Identified needs of the CAH Network as an entity and that would have benefit to the Network as well as the member hospitals individually.
- B) Provided clarification of initiatives to meet those needs and encouraged dialogue about the various initiatives and their relative merits.
- C) Involved a group decision-making process that gave each of the CAH Network members an equal voice and vote in the decision.

In March 2002, the CAH Network submitted a second proposal to the Office of Rural Health, Nebraska Department of Health and Human Services for year-two funding consideration. The second year grant was awarded in the amount of \$66,000 to help fund the following initiatives.

### **GOAL ONE:**

Review transfers within the network to ensure that the process is efficient and that information is as complete as possible with each transfer.

### **GOAL TWO:**

Continue utilizing and improving the peer review process that was implemented throughout the network.

### **GOAL THREE:**

Continue the credentialing review process for those network hospitals that have requested hub hospital oversight.

### **GOAL FOUR:**

Identify areas of focus for network hospitals and develop quality goals for the network that meet their needs.

### **GOAL FIVE:**

Explore the compliance resource needs of the individual network hospitals.

### **GOAL SIX:**

Design a comprehensive leadership development plan that includes medical staff, board of directors and senior management of each of the network hospitals.

### **GOAL SEVEN:**

Continue the use of the HealthStream Educational System.

**GOAL EIGHT:**

Review communication processes among the network hospitals to ensure that timely and complete information is being shared with regard to patient care.

**GOAL NINE:**

Work with all Critical Access Hospitals to meet requirements and develop processes needed.

Based on the identified grant initiatives, funds were utilized accordingly. The final decision on the use of the funds included:

- (1) Funding of 100% of each CAH's costs for HealthStream, an internet-based educational service in basic staff education for areas such as safety, infection control, corporate compliance, etc. In addition, HealthStream offers other educational opportunities in areas such as nursing, physician education, EMS, etc. The HealthStream educational proposal contracts for year two are currently being developed with the assistance of the GSHS Education Department. The proposal for year two will include HIPAA compliance modules. The CAH Network voted to provide 100% of the funding for this year versus a 75% match last year.
- (2) Funding for Physician Recruitment Seminar to take place in January 2003.
- (3) Funding of ongoing consultative services from Good Samaritan Hospital aimed at working on quality assurance and quality improvement in the CAH.
- (4) Funding of consultative work from Good Samaritan Health Systems on better developing CAH grant writing capabilities.

Other initiatives:

- (1) The work plans are options for assistance in individual hospital quality improvement and are being finalized so that each hospital can "customize" its needs.
- (2) An additional educational session provided by Dohlman, Akerlund and Eddy to review reimbursement and financial planning strategies to include management, board members, physicians and other hospital staff. This is in follow-up to a training session provided during the last year by this firm.
- (3) The grant writing assistance project continued during the second year of the grant. In addition to providing various grant information, the Good Samaritan Hospital Foundation also assisted the CAH Network with the submission of the HRSA Small Rural Hospital Improvement Grant Program. All twelve of the CAH Network's members were awarded funding.

## SECTION V. A.

The Good Samaritan Hospital Critical Access Hospital Network has received funding from two grant cycles:

- The initial grant of \$68,000 was received in June and August of 2001
- The second grant of \$66,000 was received in May and July of 2002

Following is a listing of the funds received and the expenditures for the grant. In summarization, the Network has received \$134,000 in funds and has spent \$44,245.43 of those funds. The majority of the funding has been spent to reimburse network hospitals for the HealthStream on-line educational program. It is anticipated that the following projects will be funded by the 2001 and 2002 grant funds:

- 1) The second year of the HealthStream educational program. The contracts for this second year should be finalized in January of 2003. It is anticipated that approximately \$35,000 will be spent on this project.
- 2) The final arrangements for the physician recruitment seminar are being finalized. The total cost of this project is not known at this time; however, it is estimated to be costing approximately \$5,000 to \$8,000.
- 3) The establishment of a CAH Network website is underway. It is estimated that this project will cost approximately \$25,000 (including hardware for each site and the initial set-up costs).

**FINANCIAL SUMMARY: YEAR 1 AND YEAR 2**

**Critical Access Hospital Funds**

Mo/Yr	Funds Received	Funds Spent	Check Payable to:
06/01	40,000.00		
08/01	28,000.00		
11/01		(2,601.00)	Franklin County Memorial Hospital
		(1,339.00)	Callaway District Hospital
		(1,874.00)	Webster County Community Hospital
		(1,295.00)	Metasoft Systems, Inc.
		(2,830.00)	Dundy County Hospital
		(3,290.00)	Cozad Community Hospital
		(8,415.00)	Cambridge Memorial Hospital
		(2,869.00)	Brown County Hospital
		(2,984.00)	Chase County Hospital
12/01		(4,398.75)	Gothenburg Memorial Hospital
02/02		(2,224.50)	Rock County Hospital
		(1,141.50)	Rock County Hospital
03/02		(1,140.00)	Computer Pros
04/02		(7,564.00)	Dohman, Akerlund & Eddy, LLC
05/02	40,000.00		
07/02		647.50	Correction-Metasoft Systems (GSH to pay half)
	26,000.00		
10/02		(222.89)	Holiday Inn - Luncheon
11/02		(684.72)	Reimbursement GSHS - Cornhusker/CAH luncheon
11/02		(19.57)	The Cornhusker - CAH luncheon
	<b>\$ 134,000.00</b>	<b>\$ (44,245.43)</b>	
	134,000.00	Total Received	
	(44,245.43)	Total Spent	
	<b>\$ 89,754.57</b>	<b>Balance Remaining as of 11/07/02</b>	

## **APPENDIX A**

## **APPENDIX B**

### **STRATEGIC FINANCIAL**

### **PLANNING PROCESS**