

October 27, 2003

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 Mr. Palm:

Enclosed is a copy of our third "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,

John Gardner
Vice President of Business Development
Good Samaritan Health Systems

Laura Meyers
Director of Outreach Services
Good Samaritan Health Systems

Im

c: John Roberts

Enclosures

GOOD SAMARITAN HOSPITAL

CRITICAL ACCESS HOSPITAL

NETWORK REPORT

October 1, 2003

GOOD SAMARITAN HOSPITAL CRITICAL ACCESS HOSPITAL NETWORK ANNUAL REPORT

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I. INTRODUCTION

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, 2002-September, 2003. This report is intended to provide an overview of the network's activities during the past year 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.

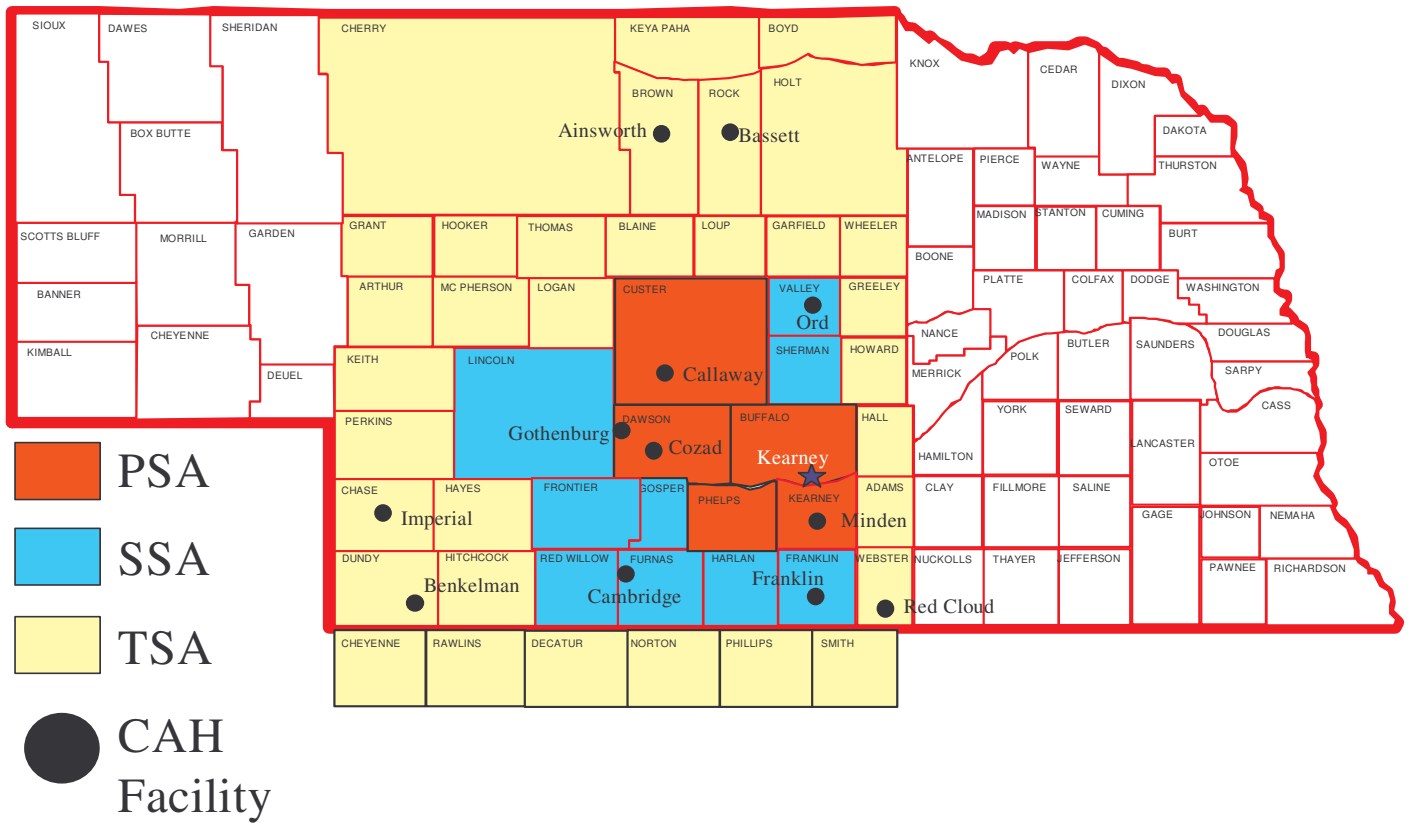
II. DESCRIPTION OF NETWORK

A. LISTING OF HOSPITALS AND ADMINISTRATORS

HOSPITAL	CITY	ADMINISTRATOR
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

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

**GOOD SAMARITAN HEALTH SYSTEMS
CRITICAL ACCESS HOSPITAL NETWORK
Work Plan 2003**

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.

VISION STATEMENT:

Critical Access Hospital Network will utilize a collaborative approach to improving processes for 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 that they serve.

NETWORK GOALS AND WORK PLAN FOR 2003:

GOAL ONE:

Enhance communication system among hospitals through CAH website development.

Work Plan:

- Step One: Assess communication and information needs of network members.
- Step Two: Assess technology capabilities of network hospitals.
- Step Three: Develop an action plan for implementing and maintaining site.

Goal Accomplishment: It was decided to move the website initiative to the 2004 work plan as other projects took precedence. Estimated costs and plans for implementation and maintenance of the site have begun at this time. The site's focus will mainly be the archiving of templates for utilization by the hospitals and policies, procedures and documents related to CAH activities (i.e. HIPAA information, Quality projects, etc...) The Computer Educator at Good Samaritan Health Systems will create and maintain the site and content will be decided based on the needs of the hospitals and the work plan.

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 continues to serve the network well and to function as intended. The process was reviewed at routine quality meetings to ensure compliance and value to participants. In addition, three hospitals requested utilization review above and beyond the normal peer review process and four charts were reviewed by Good Samaritan Health Systems' staff (see Goal Four for more detail).

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: Good Samaritan Health Systems provided an initial review of the credentialing process for one facility by request and provided a follow-up review for another facility by request. Gaylene Gehrt, Credentialing Coordinator, serves as a mentor at various times, providing information, advice, updates and forms as needed and as situations surface.

GOAL FOUR:

Continue quality review process, incorporating both mental health and utilization review as needed by network hospitals.

Work Plan:

- Step One: Determine process for utilization review education and resource consultations for interested network hospitals. Schedule meetings individually with hospital representatives and physicians by April 1, 2003.
- Step Two: Determine mental health needs as identified in year two and create a plan to meet common needs.
- Step Three: Continue Medication Safety and QI Master List updates as begun previously.
- Step Four: Create schedule for maintaining the above initiatives.

Goal Accomplishment:

Utilization review education was requested by three facilities and education was provided onsite to each of these facilities by either Leigh Bertholf, Director of Care Management and/or Dr. Kent Blakely, Medical Director of Care Management. Education was geared to both staff and physicians and was based upon each site's individual needs. Positive feedback was received from all three sites and requests for an expanded process is also being considered. In addition, Good Samaritan Health Systems staff provided review of four charts per the communities' needs. Two additional critical access hospitals have requested utilization review.

Mental Health Needs: This initiative was explored and a needs assessment begun, but due to lack of physician resource availability in the area of behavioral health, further action could not be taken. As additional psychiatrists were added to the medical staff at Good Samaritan Health Systems during the latter part of this grant year, they have begun offering psychiatric follow up services over telemedicine, assisting in fulfilling some of the behavioral health needs in the area. The original initiative will be reviewed and considered for the next work plan.

Medication Safety: Linda Royle, Quality Coordinator, and the Network Quality Team are currently reviewing options for improving medication safety and medication error reporting including the possibility of participating in UNMC's Medication Error Reporting Study. This initiative will be carried over into next year's work plan with a full review of the pharmacy related needs of the individual hospitals within the network, enabling us to understand what initial steps may need to take place to increase the chance for success in this arena.

QI Master List: A QI Master List delineating ideas for individual department quality improvement was created by the Quality team. It is currently in use, but will undergo revisions during the next quarter. It has been shared with other hospitals and networks that have requested it. It will continue to be part of next year's work plan.

The Quality Team met three times during the past year. In addition, Linda Royle visited all facilities during November and December, 2002, to assess individual needs, processes and progress.

GOAL FIVE:

Explore the compliance resource needs of the individual network hospitals.

- Step One: Identify individual network hospitals' needs for addressing HIPAA requirements and explore possible resources for meeting these needs by January 31, 2003.
- Step Two: Develop a plan to assist CAH facilities in maintaining and updating HIPAA compliance requirements.
- Step Three: Update disaster preparedness needs across the network and develop a plan to meet those needs. Include state planning projects into the network plan.
- Step Four: Explore corporate compliance needs of individual hospitals.

Goal Accomplishment: With the routine educational requirements and the addition of HIPAA regulations concerning Privacy and Transaction and Code Sets, this grant year has been particularly busy. Besides the goals accomplished, the network considered the peer interaction of the various work groups to be beneficial in moving forward and maintaining the new policies and procedures set forth. In addition to the notes below, the mandatory compliance needs of the individual hospitals were addressed in Goal Seven section that included online learning.

HIPAA Compliance: Working with St. Elizabeth Regional Medical Center, the network established a work session schedule to prepare for and implement HIPAA Privacy Guidelines into the CAH facilities. These sessions began in January and continued through April (seven sessions), with quarterly updates beginning in September, 2003. On-site audits are also in consideration. In June, 2003, we began HIPAA Transaction and Code Sets work sessions for hospitals, and in August, 2003, began HIPAA Transaction and Code Sets work sessions for CAH owned/affiliated clinics. These work sessions will continue monthly with quarterly updates planned for maintenance after the initial work is complete. In order to be compliant with the mandatory HIPAA regulatory training, the employees of the network hospitals completed three online HIPAA modules via the Healthstream LMS.

Corporate Compliance: Corporate Compliance training was also completed via Healthstream LMS. In addition, one network hospital participated in a didactic presentation from Good Samaritan Health Systems via video-conferencing. Corporate Compliance Orientation Manuals were provided to Administrators to assist them in developing their own compliance programs. The content of this manual can be found in Appendix C.

Other Educational Offerings: A comprehensive educational program was offered to the critical access hospitals to assist the employees in meeting certification requirements and to meet competency requirements for employees who have multiple job responsibilities. Please see Appendix D for a complete listing of courses offered and attendance by the CAH employees and medical staff.

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: Create a task force to research various leadership programs available and make recommendation to the network.

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

Goal Accomplishment: After a needs assessment and a review of the various leadership programs available through other venues, the person responsible for leadership and management training at Good Samaritan Health Systems, along with the CAH Administrators decided to offer the same training to the CAH facilities as is offered Good Samaritan Health Systems employees. The first module selected, Giving and Receiving Constructive Feedback, was taught at the Cozad Community Hospital in two separate sessions, with a total of 29 managers in attendance representing five different facilities. The response was positive and we are in the process of scheduling the next three presentations during the months of November and December.

We will continue to hold these sessions in various geographical locations throughout the CAH service area on a monthly basis, following the needs of the hospitals involved. In addition, Good Samaritan Health Systems is working with the St. Elizabeth Regional Medical Center CAH Link Team to offer the same programs to their employees.

The comprehensive management-training program that is offered includes the following modules:

- The Basic Principles of Leadership
- Facilitating for Results
- From Conflict to Collaboration
- Launching and Refueling Your Team
- Giving and Receiving Constructive Feedback

In addition, the leadership/management development package includes the Myers-Briggs Type Indicator. This tool develops leaders and managers in the following manner:

- Assists managers in identifying the style and competency of each employee
- Helps the manager identify his/her natural strengths
- Provides a systematic process to improve communication
- Predicts problem solving abilities and ability to adapt to change
- Provides managers with a tool to coach their employees to develop stronger Relationships in the workplace

Finally the Values-Based teaching for Leaders/Managers includes the following courses:

- Leader as Servant
- Leader as Mentor
- Leader as Catalyst

GOAL SEVEN:

Continue the use of the HealthStream Educational System and add the HIPAA compliance modules.

Work Plan:

Step One: Implement HIPAA modules to current Healthstream system.

Step Two: Track and evaluate effectiveness of Healthstream package as it relates to network needs.

Step Three: Identify future needs and determine Healthstream's adaptability to meet these needs in comparison to other products.

Goal Accomplishment: Eleven of the twelve CAH facilities continue to utilize Healthstream for employee annual education. The Director of Education at the hub hospital teleconferenced with the Healthstream Systems Administrators from each CAH to determine the menu of core courses that would comprise the agreements for the employees of all interested facilities. She then negotiated the CAH contracts with Healthstream for online education at a rate of \$8.00/employee for the mandatory education courses and \$12.50/employee for the three HIPAA modules added to meet the mandatory education requirements for HIPAA.

In addition, the Computer Educator visited each Critical Access Hospital to provide consultation regarding their computer-assisted instruction. Recommendations were based on the needs of each hospital. At each site, the annual online education report from Good Samaritan Health Systems was shared with the Systems Administrator. The Computer Educator asked each Systems Administrator and each Hospital Administrator to evaluate the online learning program. The assessment from everyone surveyed was very positive.

A copy of the contract process can be found in Amendment E.

GOAL EIGHT:

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: Good Samaritan Health Systems continues to review CAH requirements and will complete a thorough review at the beginning of the pending grant year to ensure compliance during the transition of CAH coordinators. Dave Palm and John Roberts have provided guidance by making themselves available at quarterly meetings to detail state and federal expectations and goals, also answering questions the network has regarding pending legislation. In addition, financial updates are given at each quarterly meeting.

Hospitals have shared information from their CAH surveys during various meetings and over email, identifying topics that seem to be of special interest to the surveyors. This information is shared with the entire network.

In addition, as hospitals have questions related to the process above or other issues, they have forwarded such questions to Good Samaritan Health Systems and we have, in turn, surveyed others so that the hospitals are helping each other whenever possible.

GOAL NINE:

Explore the possibility of instituting the Heartcode Interactive Learning ACLS system within network.

- Step One: Determine network need. Explore purchase and payment options for the HeartCode System.
- Step Two: If need is established, create a plan for utilizing and transporting the system within the network.
- Step Three: Track employee usage and evaluate system to recommend opportunities for enhancement.

Goal Accomplishment: After a needs assessment, it was determined that eleven of the twelve hospitals would be interested in participating in the HeartCode System, especially for ACLS certification and recertification. Two HeartCode ACLS/BLS Systems were purchased and initiated into the network in July, 2003. Each hospital identified how many staff members would utilize the system and grant funds were dedicated to cover the cost. Our first survey of participating hospitals showed positive feedback and utilization by both hospital staff and medical staff. Ongoing evaluation of the process continues. A schedule for usage has been put into place allowing each participating facility to utilize the system twice each year for a one-month period of time. At the time of this report, six hospitals have used or are in the process of utilizing the ACLS Systems.

GOAL TEN:

Explore marketing and advertising needs of Critical Access Hospital Network to reduce outmigration from individual primary service areas and promote CAH Network as a whole.

- Step One: Inventory current marketing processes and determine if common needs exist.
- Step Two: Create a subcommittee to develop a plan to meet network needs if interest exists and determine grant fund commitment.
- Step Three: Work with necessary entities to put plan into action.

Goal Accomplishment: After initial survey of CAH Administrators, there seemed to be little interest and this initiative was put on hold as other needs were deemed to be of more importance.

GOAL ELEVEN:

Explore opportunities to address physician and staff recruitment and retention needs of individual hospitals through the Critical Access network.

- Step One: Organize recruitment and retention seminar with focus on both physicians and staff by February, 2003.
- Step Two: Review seminar and determine needs that may be addressed through network collaboration.
- Step Three: Develop an action plan based on determined needs.

Goal Accomplishment: A recruitment and retention seminar was held on February 28, 2003 with nine of the twelve hospitals in attendance. The seminar included speakers representing:

- Physicians
- The UNMC Rural Residency Program
- The Legal System
- Health and Human Services
- Professional Recruiters

Topics covered included:

- Sourcing and Identifying Good Candidates
- Organizing the Interview and Visit
- Contracts and Income Guarantees
- The Top Concerns and Priorities of Today's Physician Candidates
- Working with Residency Programs
- A Review of Medically Underserved Area Guidelines
- Loan Repayment
- J-1 Visa Physicians
- Recruiting for Retention

The conference was well received and we are currently in the process of determining possibilities for utilizing network collaboration and existing Good Samaritan Health Systems resources for network recruitment needs.

IV. CRITICAL ACCESS HOSPITAL MEETINGS

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 meetings held and a synopsis of the meeting content. We have full copies of the meeting minutes in Appendix B.

A. December 2, 2002

A conference call was held by the Quality Team to discuss Utilization Review visits and the upcoming Model QI plan that was being developed at the state level.

B. February 28, 2003

The morning session was dedicated to physician recruitment and retention. This educational session featured presentations by Drs. Rob Messbarger and Anton Smolik of the UNMC Kearney Rural Residency Program; LuAnn Victory, Physician Recruiter; Tom Rauner, Office of Rural Health & Primary Care and Chris Phillips, Attorney. It was well attended with ten of the 12 CAH facilities represented. The afternoon session included a HeartCode ACLS demonstration, a presentation on the Statewide Trauma System and a review of the work plan, CAH funds, current activities and future activities. Dave Palm also did an update on the Nebraska Rural Health Plan for the CAH Program.

C. June 20, 2003

This quarterly meeting was divided into two breakout sessions, with Administrators in attendance at one and Directors of Nursing in attendance at the other. The DONs attended an educational session to learn how to use the HeartCode ACLS system that the CAH Network purchased and put into rotation in July, 2003. The hospital administrator meeting included a presentation by Magnet Solutions, a review of projects in process and discussion about future possibilities including computer education courses, Micromedix Carenotes, nursing preceptor program, leadership development, a possible nursing grant opportunity and website development.

D. July 28, 2003

The quality team met to review ongoing processes, medication safety and the new state quality plan.

E. September 2, 2003

This quarterly meeting was held at the Rural Health Conference and included a presentation by UNMC about their Medication Error Reporting Study currently in process. After this presentation, hospital Administrators and Directors of Nursing split into two separate groups for discussion. The Administrators reviewed the telemedicine OAT grant status and the leadership program. Dave Palm shared the CAH plan for distribution of funds and need for development of next year's work plan. The Directors of Nursing met with Carol Wahl, VP of Nursing Administration for GSHS to discuss nursing needs and grant opportunities and with Alan Aubert to give feedback regarding the Micromedix CareNotes demonstration, which had been ongoing and available to them since early August. In addition, the Quality Team met in the afternoon to further discuss the Medication Error Study as well as other topics.

F. HIPAA Privacy Meetings—January 28, February 5, 11, 27, March 5, 12, 26, April 24 and September 29, 2003

These meetings were held to prepare CAH facilities to understand and implement changes necessary to meet HIPAA Privacy guidelines. Ten of the 12 critical access hospitals were routinely in attendance. Reta Studnicka of St. Elizabeth Regional Medical Center provided leadership and education for these sessions. Quarterly sessions are planned to continue until the group deems them unnecessary.

G. HIPAA Transaction and Code Sets Meetings—June 19, July 21, August 11, September 23, September 29, 2003

Meetings to prepare CAH facilities to understand and implement changes necessary to meet HIPAA Transaction and Code Set guidelines were held on the above dates. These meetings included hospital work session and clinic work sessions in two separate venues. The meetings began with ten of the 12 hospitals participating but grew to include all 12.

H. Leadership Development—September 30, 2003

The first in a series of Leadership Development classes was held on September 30, 2003. "Giving and Receiving Constructive Feedback" was hosted by Cozad Community Hospital and facilitated by Tim Peterson of Good Samaritan Health Systems. We had 29 people in attendance with representation from five communities. Future seminars will be held in various locations throughout the network on a routine basis.

V. CRITICAL ACCESS NETWORK GRANT

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 2003, the CAH Network submitted a third 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.

NETWORK GOALS AND WORK PLAN FOR 2003:

GOAL ONE:

Enhance communication system among hospitals through CAH website development.

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:

Continue quality review process, incorporating both mental health and utilization review as needed by network hospitals.

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 and add the HIPAA compliance modules.

GOAL EIGHT:

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

GOAL NINE:

Explore the possibility of instituting the Heartcode Interactive Learning ACLS system within network.

GOAL TEN:

Explore marketing and advertising needs of Critical Access Hospital Network to reduce outmigration from individual primary service areas and promote CAH Network as a whole.

GOAL ELEVEN:

Explore opportunities to address physician and staff recruitment and retention needs of individual hospitals through the Critical Access network.

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. This year, funding also covered additional HIPAA Privacy Modules, providing a means of ensuring education for all staff levels regarding this important regulation.
- (2) Funding for Physician Recruitment and Retention Seminar, which took place February 28, 2003. This seminar featured professionals who spoke on the recruitment process, legal and contract issues, residency programs, state and federal visa guidelines, physician compensation and benefits as well as recruiting for retention.
- (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 services for Reta Studnicka of St. Elizabeth's Regional Medical Center to provide work sessions enabling CAH facilities to understand and implement necessary changes to meet new HIPAA regulations for both privacy and transaction & code sets (including hospital owned clinics).
- (5) Funding to purchase two Heartcode BLS/ACLS systems to be utilized among the twelve facilities for the purpose of training, certifying and recertifying staff on both basic life support and advanced cardiac life support.
- (6) Funding for leadership development series. The first session, "Giving and Receiving Constructive Feedback", was held September 30, 2003 in Cozad, NE with 29 participants from five facilities in attendance.

- (7) Funding for Utilization Review by Dr. Kent Blakely, Medical Director of Care Management, and/or Leigh Bertholf, Director of Quality and Care Management, from Good Samaritan Health Systems. Three facilities chose to participate with three more indicating interest during the next work plan

Other initiatives:

- (1) 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 three 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
- The third grant of \$66,000 was received in April and June of 2003

In summarization, the Network has received \$200,000 in funds and has spent \$103,196.98 of those funds. It is anticipated that the following projects will be funded by said grant funds during the next grant year:

- 1) The third year of the HealthStream educational program. The contracts for this third year should be finalized in January of 2004.
- 2) Leadership Development classes, begun September 30, 2003 will continue into the next grant cycle and probably beyond. Estimated cost is \$24,000.
- 3) HIPAA work sessions to understand, implement and maintain compliance with HIPAA regulations in the areas of privacy and transaction & code sets. Estimated cost is approximately \$6,000.00.
- 4.) Website development for archiving various CAH related documents, policies and procedures and templates. The cost is yet undetermined, but will be nominal.
- 5.) Micromedix CareNotes for all facilities at an approximate cost of \$1500.00 per facility, total of \$18,000.00.
- 6.) Funds for participating in or developing a medication error study within the network. Costs not yet determined.
- 7.) Continued meeting and administrative costs for Good Samaritan Health Systems time in serving the network will be charged to the grant funds depending upon projects and the direct time involved in organizing and providing oversight. Good Samaritan Health Systems will provide donated hours to supplement those charged to the grant and the fees to the grant will be based upon an accepted formula.

At this time, the 2004 work plan is not complete and agreed upon by all involved parties. We propose the work plan to have 13 goals, many of which are not listed here, but may involve grant funds. If additional information is needed, please contact Laura Meyers, 308-865-7494 for the latest developments.
