

December 12, 2005

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 fifth 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,

Steve Loveless  
V.P. Ancillary & Support Services  
Good Samaritan Hospital

Laura D. Meyers  
Director of Outreach Services  
Good Samaritan Hospital

cc: John Roberts

Enclosures

**GOOD SAMARITAN HOSPITAL**

**CRITICAL ACCESS HOSPITAL**

**NETWORK REPORT**

**2005**

**December 12, 2005**

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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. Work Plan and Goal Accomplishment
- D. Utilization of Funding Per Project

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

## **V. CRITICAL ACCESS HOSPITAL FINANCIAL REVIEW**

- Appendix A: Fund Expenditure Spreadsheet
- Appendix B: Educational Offerings
- Appendix C: Peer Review Schedule
- Appendix D: Meeting Agendas

## **I. INTRODUCTION**

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The Good Samaritan Critical Access Hospital Network consists of 12 hospitals. Hospital locations stretch from central and south central Nebraska to both northern and western Nebraska as evidenced by the map that follows this introduction. Each hospital provides local health services and access to their service area. The report that follows covers the timeframe of November, 2004-December, 2005. 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 area.

## **II. DESCRIPTION OF NETWORK**

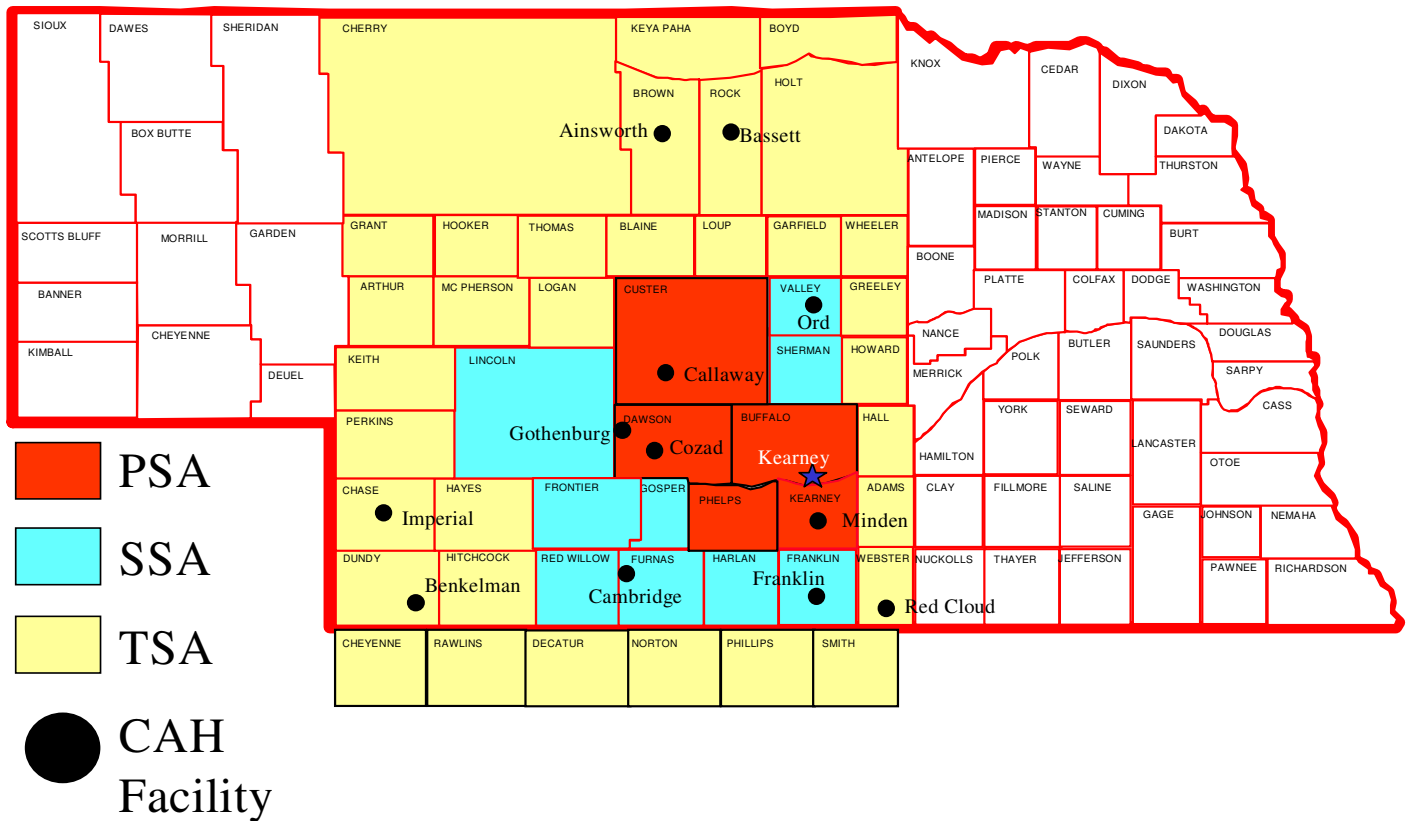
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### **A. LISTING OF HOSPITALS AND ADMINISTRATORS**

<b>HOSPITAL</b>	<b>CITY</b>	<b>ADMINISTRATOR</b>
Brown County Hospital	Ainsworth	Neil Hilton
Callaway District Hospital	Callaway	Marvin Neth
Chase County Hospital	Imperial	Lola Jones
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	John Rainey
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	Neelam Bhardwaj

**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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#### GOOD SAMARITAN HEALTH SYSTEMS CRITICAL ACCESS HOSPITAL NETWORK Work Plan 2005

##### **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:**

The 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 2005:**

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

Good Samaritan Hospital will continue to provide educational opportunities for medical staff, nursing staff and patients in the CAH facilities. Education will be provided based upon educational needs assessments and in support of quality assurance and improvement goals as set by the Network Quality Team.

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

- 1.) **Goal:** Karen Crocker, Director of Education Services at Good Samaritan Hospital, will work with members of the CAH Network to develop a comprehensive educational plan. This plan will include all general education offered by GSH over the Mid Nebraska Telemedicine Network and will also include, but may not be limited to, the following areas of special interest :
  - a. Medical Practitioner/Staff Education
    1. Healthstream Annual Education
    2. Obstetrical Care
    3. Critical Care
    4. Trauma Services
    5. Mandatory Education required for Compliance, HIPAA & licensure
    6. Leadership Development
    7. Heartcode ACLS/BLS
    8. Ancillary Services Peer Support and Education
    9. EMS (educational needs will be addressed first and utilized as a first step in providing other support to developing stronger EMS systems and improving the transfer and referral processes.)

- b. Patient Education
  - 1. Micromedix
  - 2. Regional Health Issues, such as handwashing
- c. Both Patient and Medical Education
  - 1. Bioterrorism
  - 2. Disaster Preparedness

**2. Related Grant Guideline Strategies**

- a. Developing strategies to reduce outmigration of primary and acute care services.
- b. Developing strategies for recruitment and retention of health professionals.
- c. Improving the transfer and referral process and better defining the role of the local EMS operation in this process.
- d. Improving the performance management by providing training and education to improve the competencies of hospital and medical staff

**3. Responsible Parties:** Karen Crocker, Director of Education Services at Good Samaritan Hospital and CAH Representative yet to be determined.

**GOAL ACCOMPLISHMENT:**

Please see Appendix B for a full report on all professional education activities including obstetrical care, critical care, trauma, Micromedix and leadership development.

**Leadership Development:** Please see Appendix B for full report

*FLEX Funding Utilized: \$12,949.20*

**Healthstream:** All twelve critical access hospitals once again participated in the Healthstream annual education program. Most of these facilities also chose to include the HIPAA modules, which meet HIPAA mandatory education guidelines.

*FLEX Funding Utilized:*

**HIPAA Security and Privacy:** The CAH Network held three meetings to prepare staff for HIPAA security regulations and review HIPAA privacy information. These were lead by Reta Studnicka, who helped the CAH Network during the previous grant cycle, and were held over telemedicine.

*FLEX Funding Utilized: \$1,320.90*

**Heartcode ACLS/BLS:** Fifty-one ACLS certification cards were issued for testing completed via the Heartcode systems.

*FLEX Funding Utilized: \$510.00 for administrative costs.*

**Ancillary Services Peer Support and Education:** Two meetings were held over telemedicine to bring together dietary staff from four different communities to discuss current dietary issues. We are currently reviewing this process to develop a clearer vision for this group. We hope to begin to offer live cooking demonstrations and kitchen classes from the Good Samaritan Hospital Healthy Living Center teaching kitchens via telemedicine in 2006. Once this group has

successfully rolled out goals, we will begin support and education groups for other ancillary services.

FLEX Funding Utilized: \$0.00

**Micromedix:** All twelve critical access hospitals are utilizing Micromedix for patient and staff educational materials. FLEX funding was utilized to pay for the time period of December, 2004 to June, 2006.

FLEX Funding Utilized: \$31,864.00

**Regional Health Issues:** Good Samaritan Hospital and eleven of the twelve critical access hospitals participated in a handwashing campaign from November, 2004-February, 2005. Participating hospitals worked with local businesses and the schools in distributing handwashing posters and did handwashing demonstrations for children in the lower elementary grades. Each child received a kit containing a bar of soap, handwashing instructions, a colorbook and crayons. We also placed ads in local newspapers reminding the general population to wash their hands, especially during flu season. We have received handwashing materials for 2005-2006 and nine of the twelve critical access hospitals will once again participate this year.

The Directors of Nursing are in the process of initiating a living will campaign with patients utilizing the Five Wishes program. We have received the Five Wishes booklets and will be developing the campaign during 2006.

FLEX Funding Utilized/To Be Utilized: \$582.00 (2004-05 handwashing; GSH supplemented); \$6,000.00 (2005-06 handwashing); \$4,800.00 (2005-06 Five Wishes)

## **GOAL TWO: Quality Assurance and Improvement**

Linda Royle, Interim Director of Clinical Quality at Good Samaritan Hospital, and the CAH Quality Team will continue to focus on the collection of information on network and national quality measures and collectively work on performance improvement initiatives based on the data.

### **Work Plan:**

1. **Goal:** The Quality Team will create goals that support state and national objectives in the area of quality assurance and improvement. These will include, but will not be limited to:
  - a. Peer Review
  - b. Utilization Review
  - c. Patient Safety Patient Identification
    1. Patient Satisfaction
    2. Pharmacy & Medication Dispensing
  - d. Benchmarking/Best Practices
  - e. Support for preparation and implementation of the Balanced Scorecard
2. **Related to Grant Guideline Strategies:**
  - a. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.

- b. Improving performance management by providing training and education to improve the competencies of hospital and medical staff.
- c. Improving performance management by (assisting in the development of) a balanced scorecard to stimulate organizational change and track the performance of the CAH.

3. **Responsible Parties:** Linda Royle, Interim Director of Clinical Quality at Good Samaritan Hospital and the CAH Network Quality Team.

**GOAL ACCOMPLISHMENT:**

**Peer and Utilization Review:** Peer review continues to work at intended with all critical access hospitals participating in the process. At this time, the team is modifying the peer review process to include mid-level practitioners. Charts that required additional or specialist oversight were reviewed by Good Samaritan Hospital. Good Samaritan Hospital offered utilization review on an as needed basis, however, we did not receive any requests from participating hospitals. The process is being reviewed to see how we can make it more useful to the sites.

*FLEX Funding Utilized: \$0.00*

**Patient Safety and Patient Identification:** The quality team reevaluated and standardized the patient identification process that hospitals are using. The main focus of the team for 2005 was medication reconciliation. The team developed documentation processes, policies and procedures and posters and powerpoint presentations to educate other staff members. In addition, medication cards were created for distribution to patients at hospitals and clinics in the CAH service area. A copy of one of these cards is attached.

Eleven of the twelve critical access hospitals are participating in the AHRQ “Implementing a Program of Patient Safety in Small Rural Hospitals” grant funded program. The goals of this program are to help the organization develop an infrastructure that supports voluntary reporting of medication errors and near misses in an effort to improve the processes that enable these errors to occur. A total of six educational presentations were made during 2005 to administrators, directors of nursing and/or general staff in the participating facilities. UNMC also made at least one site visit to every participating hospital. Good Samaritan Hospital pharmacists are participating in the project.

*FLEX Funding Utilized:*

**Benchmarking and Best Practices:** There has been some work done with benchmarking and best practices within the network, focusing on areas of concern including acute AMI. In 2006, the network will begin to review what is available including various databases currently in development. In addition, GSH will be sharing pathways and protocols in six different disease areas.

*FLEX Funding Utilized: \$0.00*

**GOAL THREE: Credentialing**

Good Samaritan Hospital will provide educational assistance to CAH Network facilities, as requested, to assist in the credentialing and privileging process.

**Work Plan:**

1. Goal: Good Samaritan Hospital will provide education to Critical Access Hospitals to assist in assuring quality in their credentialing process. This will include:
  - a. Providing updates to CAH facilities regarding regulations that may impact the credentialing process.
  - b. Providing education regarding tools for credentialing.
  - c. Providing oversight of the facilities' credentialing process, if requested, and making recommendations for changes, as needed.
2. Related to Grant Guideline Strategy:  
Improving performance management by enhancing quality improvement, patient safety and credentialing processes.
3. Responsible Parties: Gaylene Gehrt, Credentialing Coordinator at Good Samaritan Hospital and CAH representative, yet to be determined.

**GOAL ACCOMPLISHMENT:**

There was no request for oversight by the critical access hospitals for their credentialing processes, however, a majority of the facilities had chosen outside CVOs to provide this guidance. In 2006, Good Samaritan Hospital, working with Sentinel Health Care will ensure that all hospitals within the network will receive updated education regarding credentialing regulations that may impact their facilities and those facilities who would like to have on-site visits will have them in the first quarter.

**GOAL FOUR: Policies & Procedures and Bylaws**

The CAH Network will create a library of documents that individual members can utilize, as needed, when creating or updating their own policies and bylaws.

**Work Plan:**

1. Goal: To update the online resource to include policies & procedures, bylaws and other documents that are of use to member facilities when developing or improving processes. These may include:
  - a. Medical Staff Bylaws
  - b. Board of Director Bylaws
  - c. Common policy/procedures
  - d. Business office practices
  - e. Billing and collection practices
  - f. Charity care guidelines

- g. Other documents as requested and deemed appropriate by the CAH Network members
2. Related to Grant Guideline Strategy:
  - a. Improving performance management by enhancing quality improvement.
  - b. Improving performance management by providing training and education to improve the competencies of hospital and medical staff.
3. Responsible Parties: Laura Meyers, CAH Coordinator and Marvin Neth, Hospital Administrator, Callaway District Hospital.

**GOAL ACCOMPLISHMENT:**

Policies, procedures and bylaws were shared and archived on the CAH website, [www.cnebcah.hypermart.net](http://www.cnebcah.hypermart.net), as they were requested by facilities. In 2006, we will take a more proactive approach to creating a library of documents that would be of use. In addition, the Quality Team assisted in the creation of documents related to the quality goals.

*FLEX Funding Utilized: Charges included under Miscellaneous: Coordinator Expenses.*

**GOAL FIVE: Technology**

Begin to assess the current technology resources available and the future technology needs of the CAH Network in support of patient care and quality assurance.

**Work Plan:**

1. Goal: Review current technology resources of the twelve facilities and explore opportunities to enhance and improve these resources to better meet patient needs, assist in patient safety, quality assurance and quality improvement. If opportunities are indeed found, CAH funding may be utilized to prepare facilities for implementation of these technologies. These may include:
  - a. Electronic Medical Record/Nursing notes
  - b. Electronic Order Entry
  - c. Communication Systems
2. Related to Grant Guideline Strategy:
  - a. Developing more advanced communication systems, including telehealth.
  - b. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.
3. Responsible Parties: Laura Meyers, CAH Coordinator, Dana Welsh, Outreach Clinical Nurse Coordinator, CAH representative yet to be determined and other technology personnel dependent upon assessments.

## **GOAL ACCOMPLISHMENT:**

**Electronic Medical Record/Nursing Notes and Electronic Order Entry:** Laura Meyers and Renee Fink, Chase County Community Hospital, met to discuss the electronic medical record and other related technologies and their use in the network. At this time, it was determined that the hospitals were at vastly different points in developing this and with the statewide electronic medical record meetings taking place, a network move may be premature and it would be wise to wait and create future goals in relation to the statewide network.

*FLEX Funding Utilized: \$0.00*

**Communications Systems:** In 2005, through the congressionally mandated grant acquired by the Mid-Nebraska Telemedicine Network, we were able to place teletrauma systems in seven of the twelve critical access hospitals including, Ainsworth, Callaway, Cambridge, Cozad, Franklin, Gothenburg and Ord. This system allows these sites to videoconference live in real time with the trauma team at Good Samaritan Hospital when a trauma patient presents, enhancing the continuum of care the patient receives. In addition, the sites can also conference with Richard Young Hospital when acute psych patients present in their ER, allowing licensed mental health practitioners to assist in evaluating and pre-admitting these patients. This has been well received and we hope to expand this technology to all twelve hospitals, if they are interested, during 2006.

*FLEX Funding Utilized: \$0.00*

## **GOAL SIX: CAH Finance**

The CAH Network will support the Balanced Scorecard process initiated by the state, explore process improvement impact on financial performance and utilize CMS representatives to educate network members to identify and follow the priorities as put forth by CMS.

### **Work Plan:**

1. **Goal:** To collaborate with the state and CMS representatives to support initiatives and ensure that priorities set are in line with the goals of those institutions. This will include, but will not be limited to:
  - a. Inviting CMS representative to speak about quality initiatives, expectations and reimbursement.
  - b. Working closely with John Roberts and Dave Glover to identify areas where groundwork can be done to ready our facilities to implement the balanced scorecard process.
2. **Related Grant Guideline Strategy:**  
Improving performance management by developing a balanced scorecard to stimulate organizational change and track the performance of the CAH.
3. **Responsible Parties:** Good Samaritan Hospital members will initiate this process and ask interested CAH members to serve as a committee in guiding this initiative.

### **GOAL ACCOMPLISHMENT:**

CMS: On February 28, 2005, the network hosted Clark Carboneau, who did a presentation to the administrators and the quality team entitled "Managing for Quality", CMS quality initiatives and expectations. The administrators found this marginally helpful, but the quality team reported satisfaction with the presentation. In 2006, it has been suggested that the network look at financial best practices, sharing both recommendations from within and the network and from sources outside of the network.

FLEX Funding Utilized: \$0.00

Balanced Scorecard: Bassett, Imperial and Franklin are currently going through the Balanced Scorecard process. The CAH coordinator has attended the Bassett sessions to lend input and learn more about the process. The hospitals have shared helpful information with one another and others that will be going through it during the next round.

FLEX Funding Utilized: \$0.00

### **GOAL SEVEN: Grant Opportunities**

The network will participate in grant opportunities that will support the identified initiatives where at all possible.

#### **Work Plan:**

1. **Goal:** Good Samaritan Hospital Foundation will identify grant opportunities that are in line with current work plan goals or that will offer hospitals an opportunity to work together to initiate additional joint projects that benefit all. Good Samaritan will also encourage the development of grant writing skills in individual institutions for projects they may wish to pursue independently of the network. Projects include but are not limited to:
  - a. The network has applied for a nursing grant to begin the "Mid-Nebraska Nurse Retention Collaborative", focusing on retention of nursing professionals. Projects include: increasing nurse competency of evidence based practice, enhancing the professional environment by supporting shared decision making, to support ongoing competency assessments and to initiate a mobile skills lab.
  - b. The network will join UNMC in applying for the AHRQ grant to develop a toolbox for process analysis, improvement and assessment for reducing medication errors.
  - c. The network will host an education session for facilities wishing to develop skills to apply for individual facility grants.
  - d. Continue to pursue grants to support efforts currently underway.
2. **Related Grant Guideline Strategy**
  - a. Developing strategies for the recruitment and retention of health professionals.
  - b. Improving performance management by enhancing quality improvement, patient safety and credentialing processes.

c. Improving the performance management by providing training and education to improve the competencies of hospital and medical staff.

3. **Responsible Parties:** Lesley Bollwitt, Director of Grants and Special Projects; Good Samaritan Hospital and CAH Network representatives.

**GOAL ACCOMPLISHMENT:**

**Mid-Nebraska Nurse Retention Collaborative:** This grant application was submitted and returned "Approved but not funded". The network will be re-submitting the grant, with enhancements, in December, 2005. Partners will include all twelve critical access hospitals, Good Samaritan Hospital, Phelps Memorial Hospital in Holdrege and Tri-County Hospital in Lexington.

**FLEX Funding Utilized:** \$0.00

**UNMC AHRQ Grant:** This grant was indeed funded and the project, Implementing a Program of Patient Safety in Small Rural Hospitals, has begun. UNMC has hosted six educational programs for administrators, directors of nursing and general staff and have made site visits to all participating hospitals. Eleven of the twelve critical access hospitals in the Network are participating and Good Samaritan Hospital pharmacists are assisting with aspects as necessary.

**FLEX Funding Utilized:** \$0.00

**Grant Educational Seminar:** On June 28, Good Samaritan Hospital hosted a grant seminar featuring John Falconer, Director of Sponsorship Projects at the University of Nebraska at Kearney, and Glen Gatz, USDA Rural Development Specialist. The majority of the hospitals in the network attended this seminar and all facilities received a three ring binder of grant programs available to them. The seminar was seen as a positive experience with one hospital obtaining two grant awards after implementing the knowledge learned at the seminar into the grants they were about to submit.

**FLEX Funding Utilized:** \$1,000.00

**Additional Projects**

Each year there are projects that present themselves, which are not in our original work plan. When this occurs, we generally ask the network as a whole for permission to utilize FLEX funding to initiate them if they seem reasonable.

Our network, due its size and diversity of membership, has many strengths including access to a fairly large amount of FLEX funds. In addition, due to its size and diversity, its members can have very different needs and it is sometimes difficult to obtain a majority vote on projects that would be of value to everyone. Therefore, we have asked the hospitals' permission to do "pilot projects" whereby only a few, perhaps even one, hospital proceeds with a project then reports to others.

Valley County Hospital asked to proceed with an employee climate survey. The survey was initiated in June and was carried out over the summer. Neelam Bhardwaj, the administrator, and her team worked with IDI Solutions to create a survey unique to their hospital. The staff found the survey very helpful and process improvements in employee identified areas began immediately after the survey.

Five hospitals within the network would like to proceed with similar surveys in 2006. Neelam has provided a review to the network and the group will be determining how to proceed with these facilities.

The funds that were utilized for this survey exceeded what was expected, so future funding of this type of project will be capped at a certain dollar amount with the local hospital matching funding.

We hope that we can continue to initiate pilot projects within the network to allow us to explore various opportunities with minimal financial risk while meeting both the group needs and the individual needs of our network members.

FLEX Funding Utilized: \$7,545.49

Miscellaneous Expenses Utilizing FLEX Funding:

Meeting Expenses	\$2,286.70
CAH Coordinator Time	\$5,170.88
HyperMart (CAH Intranet Site)	<u>\$ 99.00</u>

**Total Flex Funding Utilized Dec. 1, 2004-Dec. 31, 2005**

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

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The Critical Access Hospital Network meets 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 utilized our telemedicine network to interactively hook up hospital sites where travel is difficult because of distance, weather or concurrent demands on time and have found this technology to be of great assistance.

During 2005, the Network continued to host monthly or bimonthly quality meetings, quarterly administrator meetings and, for the first time, instituted separate quarterly director of nursing meetings. In addition, we hosted three meetings with dietary staff in interested CAH facilities.

The following is a listing of the meetings held and a synopsis of the meeting content.

**A. Quality Team Meetings—Jan. 24, Apr 25, May 23, June 27, July 25, Aug. 22, Sept. 26, and October 24**

Half-day meetings were held at Good Samaritan Hospital and made available over telemedicine to all quality team members on the above dates. Various goals were set and topics discussed. Please see the Goal Accomplishment section under Goal #2 or the Work Plan.

**B. CAH Administrator Meetings—Feb. 28, July 13 and Oct. 7** The Critical Access Hospital Network administrators met three times this year as a group. Agendas focused providing both education and work plan updates. Topics included: managing for quality, patient satisfaction initiatives, EMS, statewide electronic medical record, balanced scorecard, CAH surveys, patient safety, statewide telehealth program, performance evaluation and management tools, employee climate surveys, statewide CAH initiatives and grant possibilities. Please see full agendas in addendum \_\_\_\_\_.

**C. Director of Nursing Meetings—July 13, Oct. 7:** During 2005, the Critical Access Hospital Network instituted routine director of nursing meetings that were well-received. Meeting agenda items included: patient safety, statewide telehealth program, the Five Wishes living will, mental health power of attorney, pre-admission of mental health patients, magnet, nursing grant initiatives, evidenced based practice and stress management. This group will continue to meet on a routine basis. Full agendas are included in addendum \_\_\_\_\_.

**D. HIPAA Privacy/Security Meeting—Feb. 15, Mar. 14 and Apr. 12:**

The CAH Network held three meetings, lead by Reta Studnicka, to prepare CAH facilities to understand and implement changes necessary to meet HIPAA Security guidelines and review privacy guidelines.

**E. CAH Dietary Meetings—Feb. 22 and Apr. 5, 2005:** The network attempted to begin meetings with dietary support staff for peer support and education. The meetings included a review of the food code, menu programs and state survey findings. Meetings were put on hold until a goal for this group could be determined. In 2006, meetings will resume with live cooking demonstrations via telemedicine for those facilities interested in participating.

**F. AHRQ Grant: Implementing a Program of Patient Safety in Small Rural Hospitals—  
July 13, Aug. 19, Sept. 28, Oct. 5, Oct. 7, Oct. 12, Dec. 6 and Dec. 16:** Katherine Jones, UNMC, held meetings and educational sessions on the above dates as part of the AHRQ grant implementation process. Various staff members of our CAH facilities, including administrators, directors of nursing and general staff, attended these sessions. GSH pharmacists also participated in some of these presentations.

#### **IV. CRITICAL ACCESS HOSPITAL FINANCIAL REVIEW**

The Good Samaritan Hospital Critical Access Hospital Network has received funding from four 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.
- The fourth grant of \$66,000 was received in February and June of 2004.
- The fifth grant of \$60,000 was received in April and October of 2005.

In summarization, the Network has received \$326,000 in funds and has spent \$\_\_\_\_\_ of those funds.



**SECTION V. A.**

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# Appendix A

## Appendix B

# Appendix C

# Appendix D

# Appendix E







