

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT #2
Meeting of the Board of Commissioners
January 28, 2026
East Adams Rural Healthcare
903 S Adams
Ritzville, WA

- I) Call to Order
- II) Additions or Corrections to the Agenda
- III) Public Comment
- IV) Approval of Minutes-Regular Board Meeting Minutes December 17, 2025
Approval of Minutes-Special Board Meeting Minutes January 21, 2026
- V) Consent Agenda
 - i) CCO Report
 - ii) HR Report
 - iii) Quality Report
- VI) Medical Staff Report
- VII) CEO Report
- VIII) Committee Reports
 - i) Finance Committee
 - (1) Financials – December
 - (2) Approval of Check Voucher
- IX) Old Business
- X) New Business
 - i) Approval of Eric Gutzwiler, WSHA as EARH Safety Officer
 - ii) Innovia Endowment Fund
 - iii) 2026 QAPI Plan
 - iv) 2026 Infection Control Plan
 - v) Capital Path Contract
 - vi) 2026 Medical Staff bylaws
 - vii) Code of Ethics policy acknowledgement
- XI) Executive Session
 - i) Medical Staff Credentialing
- XII) Next Board Meeting Wednesday, February 25th, 2026, at 3:30 p.m.
- XIII) Adjourn

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

East Adams Rural Hospital

903 S. Adams

Ritzville, WA 99169

Meeting of the Board of Commissioners

December 17, 2025

PRESENT:	Eric Walker	Board Chair
	Riley Hille via Teams	Commissioner
	Dan Duff	Commissioner
	Matt Kubik	Commissioner/Secretary
	Todd Nida	Interim CEO
	Viola Babcock via Teams	CFO
	Lexie Zuver	Chief of Staff
	Deborah Deboard	CCO
	Dallas Killian	COO

ABSENT: Commissioner John Kragt had an excused absence.

There were approximately twenty-five community members present.

Board Chair, Eric Walker called the meeting to order at 5:30 p.m.

INTRODUCTIONS-None

ADDITIONS AND CORRECTIONS

Commissioner Eric Walker requested to add new business, Resolution 2025-25, and contracts and under Executive Session RCW 42.30.110(g) To review the performance of a public employee.

PUBLIC COMMENT

D. Lobe asked about the previous fraud investigation and if there was any accountability. He then inquired about the current investigations. Todd Nida responded that those cases are being investigated by the Attorney General's office.

D. Sanger asked how many days cash on hand as of today. Viola Babcock responded zero. He then inquired about the amount being held for board reserve. Todd replied that we are holding \$250,000 in board reserve and those funds cannot be used without board approval.

J. Anderson asked where we were with the Medicare paybacks. Todd Nida responded that we have completed the Medicare payback. We are expecting the 2024 cost report settlement in the amount of \$556,000 in mid-to-late January. J. Anderson then asked if we would be able to recoup any of the misused funds or any accountability for the previous CEO and CFO. Todd replied that it is out of our hands now until the investigations are completed by the Attorney General's office.

J. Sanger asked for which \$900,000 in the bank will be used. Todd provided the breakdown of \$250,000 is board reserve, \$325,000 is to cover the payroll that was processed today, and the remaining will be used for Accounts Payable which includes \$86,000 to renew our health insurance for employees. J. Sanger then asked when our next pay date is. Amanda Osborne said our pay date for the payroll that was

processed today is this Friday and our next is January 2nd. J. Sanger then asked about the hard stop date of January 1st. Todd said there is no hard stop date for January 1st. We issued a WARN notice with a date of January 7th but that WARN notice will expire and we will remain open. J. Sanger then asked how we deal with vendors. Todd explained that we sent a letter out early on notifying vendors of our situation and most of them are collaborating with us. There will be some good faith negotiations with some of our vendors in the second week of January. Some of our vendors have not been paid since October.

John A. asked about the REH designation. Todd shared that we have submitted the application. We would receive \$283,000 from CMS each month. John A. then asked the remaining length of the bonds. Viola replied that one of them has 10 years and the other has 20 years remaining.

J. Preston asked how we are paying the vendors. Todd explained that we are paying our local vendors first and then our critical vendors.

K. Fowler voiced concern over the board not responding to a complaint that was filed against the previous CEO and clinic manager regarding the discharge of her husband's care. Chair Eric Walker explained the duties of the board. Todd then explained that he cannot go back to the past, but he is available if they would like to come in and visit with them.

APPROVAL OF MINUTES

November 20th, regular board meeting minutes, special board meeting minutes of December 8th, were presented. Chair Eric Walker had a correction to the November 20th meeting minutes. After executive session ended, Commissioner Eric Walker made a motion to present a draft contract for Todd Nida. Commissioner Dan Duff made a motion to approve the November 20th regular meeting minutes with corrections. The motion passed. Commissioner Matt Kubik made a motion to approve the special board meeting minutes of December 8th as presented. The motion passed.

CONSENT AGENDA

Board Chair, Eric Walker, polled the Board to see if they would like anything off the consent agenda to be moved to the regular agenda. Nothing was requested.

MEDICAL STAFF REPORT

Dr. Zuver had nothing to report. The Medical Staff will meet tomorrow morning.

CEO REPORT- See attached.

Todd shared some of the wins that had occurred over the last couple of weeks.

COMMITTEE REPORTS

FINANCE COMMITTEE

CFO REPORT – See attached.

Viola reported that we will end the year in the black. AP is holding and we are staying on course for the turnaround plan. Viola presented the financial reports to the Board for approval.

WARRANTS & VOUCHERS

Commissioner Kubik presented the following warrants for approval Accounts Payable Warrants #100180-#100229 for \$307,619.45. Commissioner Duff made a motion to approve the warrants as presented. The motion passed.

OLD BUSINESS- None

NEW BUSINESS

The 2026 Board positions were discussed. Commissioner Kubik nominated Commissioner Walker for Board Chair. Commissioner Walker accepted. Commissioner Walker nominated Commissioner Hille for Vice Chair. Commissioner Hille accepted. Commissioner Walker nominated Commissioner Kubik to remain Secretary. Commissioner Kubik accepted.

The Board agreed to remain on the same committees for 2026. Commissioner Kubik said that we need to have a board member on the QA Committee. Commissioner Duff volunteered.

Todd Nida presented three contracts to the board for approval. The Canon services contract for the CT machine totaling \$62,000 that is paid monthly at \$5,166.67 monthly, a Cybersecurity contract totaling \$33,450.00 and the DZA engagement letter totaling \$35,000. Commissioner Kubik made a motion to approve Todd Nida to sign all three contracts. The motion passed.

Commissioner Kubik read aloud Resolution 2025-24 to set the 2026 board meeting schedule. Commissioner Duff made a motion to approve as presented. The motion passed.

Chair Walker read aloud Resolution 2025-25 to approve CEO contract for Todd Nida. Commissioner Matt Kubik made a motion to approve the resolution as presented. The motion passed.

The Board went into Executive Session at 6:26 pm to discuss Medical Staff Credentialing and RCW 42.30.110(g) to review the performance of a public employee for an estimated 15 minutes. The board came out of Executive Session at 6:41 pm. Commissioner Kubik made a motion to approve the appointment of Michelle Bailey. The motion passed.

Chair Walker made a motion to adjourn the meeting. The motion passed.

The meeting adjourned at 6:42 p.m.

Respectfully submitted,
Kylie Lasen, Executive Assistant

ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2
East Adams Rural Hospital
903 S. Adams
Ritzville, WA 99169
Special Meeting of the Board of Commissioners
January 21, 2026

Present:	Eric Walker	Board Chair
	Riley Hille	Commissioner
	Matt Kubik	Commissioner
	Dan Duff	Commissioner
	Todd Nida	CEO
	Viola Babcock	CFO

Guest: Shaun Cross, Skip Houser, Legal Counsel

Eric Walker, Board Chair, called the meeting to order at 3:00 pm.

The board went into executive session at 3:00 pm to discuss RCW 42.30.110(i) with an estimated length of 60 minutes. The board came out of executive session at 4:00 pm and extended it for an additional 15 minutes. The board came out of executive session at 4:15 pm.

Commissioner Matt Kubik made a motion to adjourn the meeting. The motion passed.

The meeting was adjourned at 4:15 p.m.

Respectfully Submitted,
Kylie Lasen
Executive Administrative Assistant



Clinical Services Report to Board of Commissioners

Date: January 22, 2025

Report by: Deborah Deboard MSN, RN – Chief Clinical Officer

Quality:

We have had zero reportable events in our facility. Our QAPI launch meeting was held this week, and the plan will be presented to the Board of Commissioners at the January 28th board meeting. The team has prioritized and select 4-5 projects for the year 2026. These are projects that directly impact patients and their continuity of care. We have listened to the public and are evaluating our internal processes to improve the care and communication we provide.

- Referrals/Prior Authorizations – Nicole Wolf, Care Coordination Manager
- Medical Records and ROIs – Deb Deboard, CCO and Marra Schmeirer, Compliance
- Patient Communication Continuity – Sean LaBolle, Clinic Manager
- Nursing Documentation Hospital – Jason McCoy, Nurse Manager
- MyChart Campaign – Kelly Ice, Patient Access Manager

Celebrations:

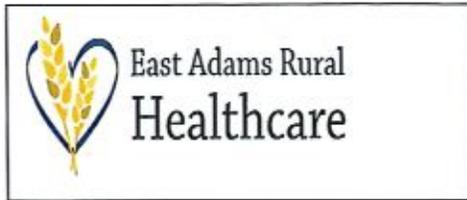
- We received our CMS letter regarding our survey in December survey of our transfer process and EMTALA through the emergency department. Equal to our DOH Results, CMS letter reported zero findings.

Projects:

- Hospital Staffing Committee
 - Staffing plan was submitted for 2026 to the DOH. Staffing plan for the hospital includes 2 Nurses and 2 NACs, 24/7.
 - Next HSC meeting is on February 12, 2026, to discuss the staffing model for a Rural Emergency Department (REH). The idea was already presented to clinical staff to allow clear understanding of how a REH model works going forward.
- Swing Bed/Inpatient Status
 - We are still examining every referral for swing bed and will not refuse residents who need transitional care with a clear discharge plan.
 - We are in close contact with DOH on a regular basis to address the needs of the community and services the hospital can provide.
- Infection Control/Employee Health
 - We have had no reportable infection control cases at EARH.
 - New plan has been drawn up for 2026 and is up for approval at the January 28th board meeting.

Job Openings

Department	Job Opening	Date Oper	Status	Notes
Therapy	Speech Language Pathologist	04/14/2025	On-Hold	On-Hold
Nursing	ER/Acute Part-Time Noc	06/10/2025	On Hold	Hired 1 per diem nurse, orientation 10/29/25
Nursing	ER Full-Time Day	10/03/2025	On-Hold	3 open positions
Administration	Chief Financial Officer	06/10/2025	On-Hold	Contracted CFO
Imaging	CT/Rad Tech	01/14/2026	Per Diem	
Facilities	Housekeeper	01/16/2026	Per Diem	



QAPI AGENDA

East Adams Rural Healthcare

12/18/2025

Meeting called to order at 0930 am, by Deb Deboard, CCO. In attendance were: Jason Mccoy, Sean Labolle, Bruce Garner, Kevin Osborne, Sara Bayless, Kelly Icc, Marra Schmeirer, Todd Nida, Josh Brownlowe, Joe Colborn, Elizabeth Passmore, Amanda Osborne, Sarah Larmer, Lexie Zuver, and Nicole Wolf

Approval of Minutes

Minutes of 9/18/2025 motion to approve by Deb and Jason seconded the motion. Approved.

Old Business – Standing Items

QAPI Plan 2026	CCO
Deb announced that a draft would be sent out to the group for review via email to approve at next board meeting in January 2026.	

New Business

QAPI Review – High Risk High Volume Problem Prone	Committee
The entire group evaluated projects that were suggested for 2026. The final projects chosen based on high risk, high volume, and problem prone were:	
Referrals/Prior Authorizations – Project Leader Nicole	
Medial Records and ROIs – Project Leaders Deb and Marra	
Patient Communication Continuity – Project Leader Sean	
Nursing Documentation Hospital – Project Leader Jason	
Decided we would continue to monitor our stroke timing with CT and this would be a joint venture with Jason and Bruce.	
QAPI Dashboard Review	Committee
Deb reviewed EPIC dashboards and how the meetings will run on a quarterly basis.	
QAPI Meetings	CCO
Quarterly meetings for 2026: January Kick Off, April, August, December aligned with Med Staff meetings as usual. All were in agreement.	

Core Required Quarterly: CEO/CCO/Chief of Staff/Compliance/Nursing
Leaders/Board Rep, Regular/Rotating (agenda dependent): Lab, Rad, IP, EMS, Pharm,
EMS, IP, HIM, Reg As applicable: IT, IIR, Finance, Facilities, Safety

Meeting Adjourned at: 1030 am

CCO

Regulatory Reporting

Regulatory Reporting: September 1, 2025 to November 30, 2025

Area	SEPT	OCT	NOV
Percent Inpatient Readmissions within 30 days	0	0	0
Percent of patients returned to the emergency department within 72 hours for the same condition treated initially in the ER	0	0	2
Number of falls with injury	0	0	0
Number of patient injuries, not including falls	0	0	0
Number of patients with chemical or physical restraints	0	0	1
Number of patients with chemical or physical restraints more than 12 hours	0	0	0
Number of patient death (excluding DOA in ED)	1	0	0
Number of Grievances			
Number of instances of abuse, neglect, exploitation, misappropriation of property certified and non-certified swing bed patients	0	0	0
Safe Patient Handling Compliance	October 2025-DONE		
Number of medication errors that reached the patient	0	0	1
Number of medication errors that resulted in harm	0	0	0
Number of adverse drug reactions	0	0	0
Infection Control Errors	0	0	0
Equipment failures	0	0	0
Breaches or System Failures	0	0	0
Blood Transfusion Related Errors/reactions	0	0	0
Diagnostic Errors	0	0	0
Patient Satisfaction			
Number of Hospital Acquired Infections	0	0	0
Number of Tier 1 Antibiotics			

DEPARTMENT REPORTING ON METRICS – TBD PLANNING FOR 2026

Announcements

Next Meeting January 21, 2026

CEO Board Report

Date: January 22, 2026

Message from the CEO

As we move into a new year, we begin with renewed hope but with the realization that we still have very important work ahead to continue our pathway to being Washington State's first REH hospital.

Everyone at the hospital has been working tirelessly and with absolute dedication to help see us through to success.

Here are some of the highlights for December/January:

- We continue to work through questions from CMS on our REH application, the upside is we are correcting issues along the way that we were unaware of and issues that had been since becoming "East Adams Rural Healthcare." Our application with DOH to become an REH has been submitted without any issues so far.
- We began in depth good faith negotiations with our 5 largest creditors that own approximately 65% of our outstanding debt. Negotiations thus far have been positive, and follow-ups will continue into February. This has been a massive amount of work and Viola, and I have been assisted and guided by attorney Shaun Cross of Lee & Hayes.
- I was recently in Olympia to testify at the Senate hearing for Senate Bill 6103 to maintain our Medicaid reimbursement as an REH the same as we are currently being paid as a Critical Access Hospital. This is a net zero state budget request and has been worked on extensively. Huge thanks to Senator Schoesler, Representative Schmick, Senator Muzzall, WSHA, DOH, HCA and Capital Path consultants.
- The levy lid increase campaign has begun, vote will be February 10th. Thanks to Matt Ellsworth at AWP/PHD, Dallas our COO and Marci Miller of Capital Path. Mailers and posters are going out now.
- We had our Employee Christmas party that was well attended, with over 30 employees. It was held at the bowling alley and was an incredibly fun event. The party was fully funded by the RVAA and the employee committee group.

Thank you,
Todd Nida, CEO



East Adams Rural Healthcare

VOUCHER CERTIFICATION AND APPROVAL

I, THE UNDERSIGNED AUDITING OFFICER, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED AND THE LABOR PERFORMED AS DESCRIBED HEREIN AND THAT THE CLAIMS ARE JUST AND PAID OBLIGATIONS BY ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIMS.

TODD NIDA, CFO

WARRANTS AUDITED AND CERTIFIED BY THE AUDITING OFFICER HAVE BEEN RECORDED ON THE ATTACHED LISTING.

WE, THE UNDERSIGNED BOARD OF DIRECTORS OF ADAMS COUNTY PUBLIC HOSPITAL DISTRICT NO. 2, ADAMS COUNTY, WASHINGTON, DO APPROVE THOSE WARRANTS INCLUDED IN THE ATTACHED LIST AND FURTHER DESCRIBED AS ACCOUNTS PAYABLE WARRANTS #100230-#100298 IN THE AMOUNT OF \$824,772.18.

SIGNED THIS 28TH DAY OF JANUARY 2026.

ERIC WALKER, CHAIRMAN

JOHN KRAGT, VICE-CHAIRMAN

MATT KUBIK, SECRETARY/COMMISSIONER

RILEY HILLE, COMMISSIONER

DAN DUFF, COMMISSIONER

Date	Vendor	Check Number	Amount	Description
12/11/2025	V00911--Brown, Nathan	100230	\$1,600.00	Rental Property-EMS
12/11/2025	V00131--CENTURYLINK	100231	\$7,348.76	Phone/Internet
12/11/2025	V01091--Columbia Basin Eye Clinic	100232	\$731.64	Pt. Bill
12/11/2025	V01096--Credit Corp Solutions INC., Assignee of Webbank	100233	\$1,486.17	Garnishment
12/11/2025	V01083--Credit Key-Snap	100234	\$2,561.22	Dietary Equipment
12/11/2025	V00186--Docs Who Care Northwest, Inc	100235	\$27,360.50	Contracted ER Providers
12/11/2025	V00845--Fast and Fair Collection Solutions, LLC	100236	\$1,218.92	Garnishment
12/11/2025	V00216--FEDERAL EXPRESS CORP	100237	\$441.54	Postage
12/11/2025	V00968--Intrinium/TorchLight	100238	\$22,000.00	IT Server backup
12/11/2025	V00563--WASHINGTON STATE SUPPORT REGISTRY	100239	\$700.00	Garnishment
12/23/2025	V00615--Akins	100240	854.38	Dietary Supplies
12/23/2025	V00040--ALSCO	100241	2,997.20	Linens
12/23/2025	V00082--BASIN REFRIGERATION	100242	1,824.61	Repairs/Maintenance
12/23/2025	V01093--Budd Bay Law P.S.	100243	10,175.00	Attorney Fees
12/23/2025	V00123--CAREFUSION	100244	10,000.00	Pharmacy Equipment Lease
12/23/2025	V00137--Clearwater Springs	100245	993.00	Bottled Water
12/23/2025	V00149--Connell Oil	100246	4,015.79	Fuel for Ambulances/Vehicles
12/23/2025	V00183--DINGUS, ZARECOR & ASSOCIATES PLLC	100247	60,000.00	Auditors
12/23/2025	V00186--Docs Who Care Northwest, Inc	100248	47,386.25	Contracted ER Providers
12/23/2025	V00194--EAP Consulting L.L.C.	100249	4,550.00	IT Manager
12/23/2025	V00219--FIRST AVENUE STORAGE	100250	620.00	Storage Rentals
12/23/2025	V00221--FISHER HEALTHCARE	100251	12,717.67	Lab Supplies
12/23/2025	V01079--Flex Financial - Stryker	100252	7,759.94	Ambulance Monitors
12/23/2025	V01099--Foster Garvey	100253	597.00	Attorney Fees
12/23/2025	V00595--Health Carousel	100254	50,000.00	Contracted Nursing/Lab Staff
12/23/2025	V00251--Holistic Pain Management of Colorado LLC	100255	42,545.00	Pain Management Services
12/23/2025	V00788--Inovalon Provider, Inc	100256	3,366.02	Claims Management
12/23/2025	V00698--KNB Fire	100257	1,384.14	Repairs/Maintenance
12/23/2025	V00989--Kroll Information Assurance	100258	7,000.00	Data breach management
12/23/2025	V00297--Laboratory Corporation of America Holdings	100259	10,000.00	Lab testing fees
12/23/2025	V00320--M&M HARRISON ELECTRIC CO.	100260	8,000.00	Repairs/Maintenance
12/23/2025	V00332--MEDICATION REVIEW	100261	10,000.00	Pharmacy Services
12/23/2025	V00334--MEDLINE INDUSTRIES, INC.	100262	2,444.91	Emergency Room Supplies

12/23/2025	V00401--PHD UNEMPLOYMENT COMPENSATION	100263	15,302.00	Employee Benefits
12/23/2025	V00402--PHD WORKERS COMPENSATION	100264	77,808.00	Employee Benefits
12/23/2025	V00403--PHYSICIAN INSURANCE	100265	37,037.43	Provider Insurance
12/23/2025	V00424--Qualivis	100266	2,800.00	Contracted ER Providers
12/23/2025	V00439--RITZVILLE HARDWARE	100267	444.83	Repairs/Maintenance Supplies
12/23/2025	V00838--Ritzville Lawn Care	100268	152.00	Sprinkler Blow Out
12/23/2025	V00443--RITZVILLE PARTS HOUSE INC	100269	266.72	Repairs/Maintenance Supplies
12/23/2025	V00445--RITZVILLE TIRE COMPANY	100270	1,163.26	Repairs/Maintenance Vehicles
12/23/2025	V00446--RITZVILLE, CITY OF	100271	4,853.95	Utilities
12/23/2025	V00742--SaltBridge Medical Laboratory	100272	3,632.80	Lab Consultant/Director
12/23/2025	V01074--Sayre Sayre & Fossum	100273	10,435.00	Attorney Fees
12/23/2025	V01046--T-MOBILE	100274	48.40	Business Phones
12/23/2025	V01063--Thermo Fisher Financial Services Inc.	100275	6,086.70	Lab Equipment Lease
12/23/2025	V00518--Travelers CL Remittance Center	100276	5,078.50	Vehicle/Building Insurance
12/23/2025	V01080--US Bank Fiscal Agent	100277	700.00	Bank Fees
12/23/2025	V01060--Western Healthcare, LLC	100278	13,058.50	Contracted ER Providers
12/29/2025	V00458--Sage Intact	100279	55,578.96	Accounting Software
1/8/2026	V00360--NORIDIAN Healthcare Solutions	100280	89,000.00	Repayment of overpayment
1/12/2026	V00012--Access Information Protected	100281	13,589.46	Shredding services/Containers
1/12/2026	V00040--ALSCO	100282	2,390.14	Linens
1/12/2026	V00053--AMERICAN PROFICIENCY INSTITUTE	100283	3,697.14	Lab testing fees
1/12/2026	V00075--Avanos Medical, Inc.	100284	15,739.09	Pain Management Supplies
1/12/2026	V01035--Avel eCare	100285	17,859.00	Provider backup services
1/12/2026	V00095--BIORAD	100286	2,969.17	Lab Supplies
1/12/2026	V01096--Credit Corp Solutions INC., Assignee of Webbank	100287	1,049.50	Garnishment
1/12/2026	V00213--FARMER BROS CO	100288	742.32	Dietary Supplies
1/12/2026	V00845--Fast and Fair Collection Solutions, LLC	100289	804.28	Garnishment
1/12/2026	V00221--FISHER HEALTHCARE	100290	25,192.83	Lab Supplies
1/12/2026	V00240--Health Care Authority	100291	31,711.50	Snap payments
1/12/2026	V00242--HEALTH FACILITIES PLANNING	100292	3,825.00	Grant Consultants
1/12/2026	V00400--PETTY CASH - C	100293	94.60	Reimburse petty cash
1/12/2026	V00786--Providence	100294	1,202.00	EMS Education
1/12/2026	V00500--Stryker Sales LLC	100295	1,288.44	AED Monitor battery replacements
1/12/2026	V00561--WASHINGTON STATE HOSPITAL ASSOCIA	100296	10,552.00	Dues

1/12/2026
1/12/2026

V00563--WASHINGTON STATE SUPPORT REGISTRY
V00585--WSHA

100297
100298

700.00 Garnishment
3,229.00 Dues
\$824,772.18



East Adams Rural Healthcare

Quality Assurance Performance Improvement Plan (QAPI)

2026

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Purpose:

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

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

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

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

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

Timely – reducing waits and potentially harmful delays;

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

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

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

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

Authority:

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

QAPI Goals:

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

- Appropriate for the complexity of the organization and the services provided
- Ongoing and comprehensive

- Involve all departments and services, including those services furnished under contract or arrangement
- Use objective measures to evaluate organizational processes, functions and services

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

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

Per WAC 246-320-171

- Operative, other invasive, and noninvasive procedures that place patients at risk;
- Infection rates, pathogen distributions and antimicrobial susceptibility profiles;
- Death;
- Medication use;
- Medication management or administration related to wrong medication, wrong dose, wrong time, near misses and any other medication errors and incidents;
- Injuries, falls; restraint use; negative health outcomes and incidents injurious to patients in the hospital;
- Adverse events listed in chapter 246-302 WAC;
- Discrepancies or patterns between preoperative and postoperative (including pathologic) diagnosis, including pathologic review of specimens removed during surgical or invasive procedures;
- Adverse drug reactions (as defined by the hospital);
- Confirmed transfusion reactions;
- Patient grievances, needs, expectations, and satisfaction; and
- Quality control and risk management activities.

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

- Incorporate quality planning throughout the facility
- Collect data to monitor performance and interpret results for meaningful use
- Provide a systematic mechanism for individuals, departments, and professions to function collaboratively in their efforts toward performance improvement, providing feedback and learning throughout the District
- Design processes and systematically measure, assess, and improve performance to achieve optimal patient health outcomes in a collaborative and multidisciplinary approach. These processes will include mechanisms to assess the needs and expectations of the patients and their families, staff, and others. Process design will contain the following focus elements:
 - Consistency with the organization's mission, vision, values, goals, objectives, and plans

- Meeting the needs of individuals served, staff, and others
- Fostering the safety of patients and the quality of care, treatment, and services
- Supporting a culture of safety and quality
- Use of clinically sound and current data sources including, use of best practice and evidenced -based guidelines/practices and information from relevant literature.
- A commitment to sound business practices
- Incorporating available information from internal sources and other organizations about the occurrence of medical errors and sentinel events to reduce the risk of similar events in the future.
- Utilizing the results of performance improvement, patient safety, and risk reduction activities
- Assure that the improvement process is organization-wide including, monitoring, assessing and evaluating the quality and appropriateness of patient care, patient safety practices and clinical performance to resolve identified problems and improve performance
- Quarterly reporting information to the Governing Body provides the leaders with the information they need in fulfilling their responsibility for the quality of patient care, and safety will be a required mandate of this plan.
- Communicate necessary information among department/services when problems or opportunities to improve patient care and patient safety practices involve more than one department/service:
 - The status of identified problems and action plans to assure improvement or problem resolution
 - Information from departments/services, and the finding of discrete performance improvement activities and adverse patient events are used to detect trends, patterns of performance improvement plan are evaluated annually and revised as necessary
 - Treatment and services affecting the health and safety of patients are identified. Included are those that occur frequently or affect large numbers of patients; place patients at risk of serious consequences or deprivation of substantial benefit if care is not provided correctly or not provided when indicated; or care provided is not indicated, or those tending to produce problems for patients, their families or staff.

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

QAPI Committee Inclusion:

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

- Infection Control Committee
- Antimicrobial Stewardship

QAPI Committee:

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

Meeting Frequency

The QAPI committee will meet on a quarterly basis to review and prioritize issues throughout the organization. Each department will be required to collect data monthly and report to the committee quarterly unless requested to report more often. Participation in a quality activity or improvement project, the team shall meet once monthly in preparation for a quarterly report to the QAPI committee on their progress.

QAPI Committee Coordinator Duties:

1. Counsel department managers in setting standards, benchmarks, monitoring activity, documenting outcomes and recording follow-up.
2. Report to Medical Staff and the Board of Commissioners quality improvement efforts and activities quarterly and an annual summary.
3. The QAPI coordinator will provide the Medical Staff and Board of Commissioners with an annual review of the hospital's QAPI plan for approval.

QAPI Committee is responsible to:

1. Oversee the development and implementation of the QAPI plan.
2. Develop an effective and efficient organizational structure that capably addresses and communicates quality issues.
3. Formulate objectives and policies consistent with a quality and performance focus.
4. Oversee and support the daily operation of quality improvement activities.
5. Develop the annual QAPI Plan and submit it to the governing board for approval.
6. Develop prioritization criteria for selection of QAPI projects considering either high-volume, high-risk services, or problem prone areas and submit to the governing board for approval.
7. Identify and implement organizational improvement priorities and submit to the governing board for approval.
8. Ensure that organizational improvement priorities and projects are appropriate for the scope and complexity of East Adams Rural Healthcare.
9. Maintain a list of organizational performance improvement projects.
10. Determine the necessary resources for improvement projects and allocate resources when necessary.
11. Assure that opportunities to improve care are acted on.
12. Oversee processes for project and team selection.
13. Oversee and assist with the development of performance measures for individual departments, service lines, contract services or teams.
14. Oversee Continuous Survey Readiness.

15. Facilitate implementation of the concepts and methods of continuous quality improvement.
16. Receive, review and approve reports from individual committees or teams that reflect the status and success of quality improvement efforts that include at a minimum but not limited to:
 - Organizational priorities
 - Department, service-line and contract services
 - Performance Improvement teams
 - Publicly reported data
 - Outcome indicators related to improved health outcomes
 - Outcome indicators related to reduction of medical errors and adverse events
 - Outcome indicators related to CAH acquired conditions
 - Outcome indicators related to transitions of care including readmissions
 - Infection Prevention
 - Antibiotic Stewardship
17. Report to the Board regarding quality improvement efforts and activities.
18. Provide education regarding QAPI, including improvement methodologies and tools, for the governing board, medical staff, hospital leaders and staff including contract staff.

QAPI Processes and Methodology:

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

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

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



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

Confidentiality:

The District Quality Improvement Committee guidelines grant:

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

Appendix 1

COMPLETE FOR EACH METRIC / INDICATOR YOU ARE MONITORING

Department

Date

1. Name of Indicator?

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

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

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

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

6. Who will collect data?

7. Who will analyze data?

8. Who will report data?

9. How often will data be reported?

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

- Quarterly
- Other – please list

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

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

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

Numerator:

Denominator:

13. What is your baseline data – if available?

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

15. What is your target

Review and Approval

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

Approved by:

Board Chair

Date

Chief Executive Officer

Date

QAPI Program Coordinator
Chief Clinical Officer

Date



East Adams Rural Healthcare

East Adams Rural Health 2026 Infection Prevention and Control Plan

Regulatory Framework: CMS 42 CFR §485.640; WAC 246-320-176; CDC Core Infection Prevention and Control Practices

East Adams Rural Healthcare (EARH) is a rural healthcare organization located in Ritzville, Washington, serving Adams County and surrounding communities. The organization includes a licensed 12-bed Critical Access Hospital, Primary Care Clinic, Emergency Department, laboratory, radiology services, and on-campus Physical Therapy and Occupational Therapy services.

EARH provides inpatient, outpatient, and ambulatory services with a patient population that reflects the medical needs of a rural community across varying levels of acuity. Diagnostic and therapeutic services are provided onsite to support continuity of care and timely access to services.

The Infection Prevention and Control (IPC) Program at EARH is led by an Infection Prevention Nurse and operates under the authority of clinical leadership. The program applies to all patient care and support areas on campus, including the inpatient unit, Primary Care Clinic, Emergency Department, laboratory, radiology, and therapy services. The IPC Program implements a multidisciplinary, collaborative approach to preventing and controlling the spread of infection based on identified risks, patient population, and services provided.

Infection prevention surveillance activities are guided by applicable Centers for Disease Control and Prevention (CDC) definitions and guidance and are informed by the annual Infection Control Risk Assessment (ICRA). Surveillance and monitoring activities are tailored to facility scope and service volume and are integrated into the organization's quality and patient safety structure.



East Adams Rural Healthcare

Geographic Location and Community

- Communities/cities served, including Adams County and surrounding regions.
- Increased exposure to **respiratory illnesses** (e.g., influenza, COVID-19, RSV) due to low community vaccination rates
- Potential for **high-consequence infectious diseases or special pathogens** associated with transient populations and delayed presentation in rural settings
- **Wildfire smoke and poor air quality** impacting respiratory health and facility operations
- **Severe weather events** (windstorms, snowstorms) affecting access to care, staffing, and supply delivery
- **Proximity to I-90**, increasing exposure to travel-associated infections and transient patient populations

Population Served

- Population in Adams County, WA: 20,690 (2023)
- Population of Ritzville: ~1,709 (2023)
- Median household income: \$65,042 (2023)
- Unemployment rate: 4.1% (August 2023)
- Serve the communities of Ritzville, Sprague, Lind, Washucna, and surrounding rural areas with a wide range of primary health needs.
- Increased population of foreign-born community members
- Increased risk of **infectious disease transmission** associated with unstable housing, food insecurity, and limited access to routine healthcare
- Higher likelihood of **skin, soft tissue, and bloodborne infections** related to illicit substance use, including methamphetamine and alcohol misuse
- Barriers to **timely follow-up care and treatment adherence** due to lack of reliable transportation
- Increased prevalence of **chronic disease-associated infection risk**, including obesity-related complications and delayed wound healing
- **Complex care needs** for patients with co-occurring mental health and physical health conditions, increasing risk for missed symptoms, delayed presentation, or incomplete treatment
- Potential for **communication and access barriers** related to foreign-born populations, impacting infection prevention education and follow-up



East Adams Rural Healthcare

Services Provided

- | | |
|---|--|
| <ul style="list-style-type: none">• Emergency Department Services• Primary care services (Rural Health Clinic)• Physical and Occupational Therapy• IV therapy services• Wound care services | <ul style="list-style-type: none">• Inpatient acute care (Critical Access Hospital – 12 beds)• Laboratory services• Diagnostic imaging / radiology services• Care coordination and referral management• Emergency Medical Services (EMS) |
|---|--|

Surveillance

General surveillance activities include those designed to prevent and control infections in patients, medical staff (physicians, nurse practitioners, physician assistants), employees, contract staff, volunteers, students, and visitors. Surveillance activities are risk-based and aligned with the scope of services provided at East Adams Rural Healthcare.

Targeted surveillance focuses on infection types relevant to a Critical Access Hospital and Rural Health Clinic setting, including device-associated infections, procedure-associated infections when applicable, and infections caused by multidrug-resistant organisms, as described below.

1. Device-Associated Infections

- Central line-associated bloodstream infections (CLABSI) will be monitored for admitted patients with central venous access when such devices are in use. Due to low utilization and short length of stay, events are expected to be infrequent; identified events will be reviewed on a case-by-case basis.
- Catheter-associated urinary tract infections (CAUTI) will be monitored for admitted patients with indwelling urinary catheters when present. Surveillance is event-based and focused on identification, review, and prevention rather than rate-based reporting when volumes are low.

2. Procedure-Associated Infections

EARH does not provide routine surgical services; therefore, surgical site infection (SSI) surveillance is not routinely performed. Procedure-associated infection monitoring is limited to services provided on campus, including wound care, IV therapy, and pain management procedures performed by contracted specialty providers. Infections identified during follow-up care, return visits, or readmission are reviewed on a case-by-case basis, with infection prevention interventions implemented as indicated.



3. **Multidrug-Resistant Organisms and Clostridioides difficile**

- Methicillin-resistant Staphylococcus aureus (MRSA) and other multidrug-resistant organisms are monitored through laboratory review and clinical identification. Appropriate isolation and infection prevention measures are implemented as indicated.
- Clostridioides difficile infections are monitored when identified in inpatient or outpatient settings, with case review and infection prevention interventions implemented as appropriate.
- Additional organisms may be monitored based on emerging trends, public health guidance, or facility-identified risks.



East Adams Rural Healthcare

Infection Prevention and Control Risk Assessment (ICRA) for Calendar Year 2026

East Adams Rural Healthcare conducts an Infection Prevention and Control Risk Assessment (ICRA) to identify and evaluate risks for acquiring and transmitting infections across all patient care and support areas. The ICRA is used to guide surveillance priorities, prevention strategies, and resource allocation based on the organization's scope of services, patient population, and identified risk factors.

The risk assessment is reviewed and updated **at least annually** and additionally when changes occur that may impact infection risk, including but not limited to changes in services, patient population, construction or renovation activities, outbreaks, or emerging public health threats.

Risk= Probability* Magnitude* Mitigation

Infection Prevention Risk	Probability of Occurrence	Magnitude: Impact of Occurrence (Patient/business/property)	Mitigation/Organizational Preparedness	Risk Level
	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	
Transmission of Microorganisms				
Failure to perform hand hygiene	2	3	2	12
Failure to adhere to isolation precautions (i.e., PPE compliance)	2	3	2	12
Failure to adhere to standard precautions in ambulatory clinics	2	2	2	8
Lack of IP practices in the ambulatory setting	2	2	2	8
Lack of IP policies and procedures	2	3	3	18
Hospital-Associated Infections (HAIs)				
Hospital-associated C. difficile infection (CDI)	1	3	2	6
Catheter-associated UTI(CAUTI)	1	3	2	6
TOTAL				



Infection Prevention Risk	Probability of Occurrence	Magnitude: Impact of Occurrence (Patient/business/property)	Mitigation/Organizational Preparedness	Risk Level
	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	
Catheter-associated BSI (CLABSI)	1	3	2	6
Surgical site infections (SSI)	0	0	0	0
Ventilator-associated pneumonia (VAP)	1	3	2	6
MRSA Bacteremia	2	3	2	12
Carbapenem-resistant Enterobacteriaceae	2	3	2	12
Hospital Environment and Building				
Construction and renovation contamination	2	3	2	12
Improper cleaning and disinfection of patient rooms	2	3	2	12
Water intrusion (flood, leaks)	2	2	2	8
Legionella outbreak	1	3	2	6
Inadequate cleaning in pharmacy room	2	2	2	8
Equipment, Instruments, and Devices				
Improper cleaning/disinfection of equipment requiring manual or automated high-level disinfection, or sterile processing	0	0	0	0
TOTAL				



East Adams Rural Healthcare

Infection Prevention Risk	Probability of Occurrence	Magnitude: Impact of Occurrence (Patient/business/property)	Mitigation/Organizational Preparedness	Risk Level
	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	TOTAL
Improper transport of clean and soiled instruments and equipment	2	2	2	8
Immediate use steam sterilization (IUSS)	0	0	0	0
Occupational Health				
Employee needle stick or body fluid exposure	2	3	2	12
Community and Geography				
<i>Candida Auris</i> outbreak	1	3	3	9
Measles outbreak	2	3	3	18
Improvement of influenza vaccination rates	2	2	2	8
Norovirus outbreak	2	3	2	12
High-consequence infectious disease or special pathogens/influx of potentially infectious patients	2	3	2	12
Hepatitis A outbreak	2	3	2	12
Tuberculosis outbreak	1	3	2	6



East Adams Rural Healthcare

Infection Prevention and Control Plan for Calendar Year 2026

Based on identified risks with elevated risk scores (risk score ≥ 12), East Adams Rural Healthcare establishes targeted infection prevention and control priorities to reduce the likelihood of infection transmission. These priorities guide program activities, education, surveillance focus, and resource allocation for the calendar year and are reviewed through the organization's quality and patient safety structure.

Risk	CY 2026 Goal	Action Plan	Measure
Failure to perform hand hygiene <ul style="list-style-type: none"> Inpatient Emergency Department Primary Care Clinic Physical and Occupational Therapy IV therapy and wound care services 	≥ 93% compliance	<ul style="list-style-type: none"> Conduct routine hand hygiene observations using a standardized audit tool across inpatient, ED, and clinic settings. Ensure each clinical area completes a minimum number of monthly observations to support trend analysis. Review hand hygiene compliance data quarterly through the quality and patient safety structure. Assess availability and placement of hand hygiene supplies (alcohol-based hand rub, sinks, soap, towels) in all patient care and staff work areas. Address identified barriers to compliance through staff education, workflow adjustments, and environmental changes as needed.	Hand hygiene compliance (number observed/number of opportunities)
Failure to adhere to isolation precautions (i.e., PPE compliance)	≥ 90% compliance with audits	<ul style="list-style-type: none"> Conduct periodic PPE and isolation precaution audits in areas where transmission-based precautions are required. Reinforce correct PPE selection, donning, and doffing through annual education and just-in-time coaching. Ensure isolation signage and PPE supplies are readily available at point of use. Review isolation compliance findings through the quality and patient safety structure and address trends or gaps. Update isolation guidance as needed based on CDC and WA DOH recommendations. 	Isolation precaution compliance rate (number of compliant observations ÷ number of observed opportunities)
Lack of Infection Prevention policies and procedures <ul style="list-style-type: none"> All inpatient and outpatient care areas Emergency Department Primary Care Clinic Ancillary and support services Contracted clinical services 	100% of required Infection Prevention policies reviewed and updated by December 31, 2026	<ul style="list-style-type: none"> Conduct a gap analysis of existing Infection Prevention policies and procedures against current CMS, WA DOH, and CDC guidance. Prioritize policy development and revision based on identified risk scores and operational impact. Standardize policy format, storage, and access to ensure staff can easily locate current guidance. Implement updated policies through staff education, leadership communication, and targeted rollouts. Establish an annual policy review cycle for Infection Prevention policies moving forward. 	Percentage of required Infection Prevention policies reviewed, updated, approved, and implemented by year-end
MRSA Bacteremia	Zero preventable cases of hospital-associated MRSA bacteremia	<ul style="list-style-type: none"> Review all identified MRSA bacteremia cases for potential healthcare association and opportunities for prevention. Reinforce standard and contact precautions for patients with known or 	Number of hospital-associated MRSA bacteremia events identified during the

Risk	CY 2026 Goal	Action Plan	Measure
Carbapenem-resistant Enterobacteriaceae (CRE) <ul style="list-style-type: none"> • Inpatient • Emergency Department • Wound care services 	Zero preventable cases of hospital-associated CRE infection or transmission	<ul style="list-style-type: none"> • Review all identified MRSA bacteremia cases for potential healthcare association and opportunities for prevention. • Reinforce standard and contact precautions for patients with known or suspected MRSA. • Ensure appropriate hand hygiene and environmental cleaning practices in high-risk care areas. 	Number of hospital-associated CRE infections or transmission events identified during the calendar year
Construction and renovation contamination	100% of construction and renovation projects assessed using an Infection Control Risk Assessment (ICRA) prior to project start	<ul style="list-style-type: none"> • Implement a standardized ICRA process for all construction and renovation activities. • Require ICRA completion and approval prior to project initiation. • Collaborate with Facilities, Environmental Services, and contractors to ensure appropriate infection prevention controls are in place. • Monitor construction areas for compliance with required barriers and dust control measures. 	Percentage of construction or renovation projects with a completed and approved ICRA prior to project start
Improper cleaning and disinfection of patient rooms <ul style="list-style-type: none"> • Inpatient rooms • Emergency Department treatment rooms • Clinic exam rooms • Procedure rooms • Isolation rooms 	≥ 90% compliance with environmental cleaning standards in audited patient care areas	<ul style="list-style-type: none"> • Conduct routine environmental cleaning audits using HTS inspection tools. • Perform targeted audits using blacklight and biofluorescent markers to validate cleaning effectiveness. • Provide feedback to Environmental Services staff and department leadership based on audit results. • Address identified gaps through focused education, process improvement, and follow-up audits. • Review cleaning audit results through the quality and patient safety structure. 	Percentage of audited rooms meeting environmental cleaning standards (based on HTS inspections and biofluorescent marker results)

Risk	CY 2026 Goal	Action Plan	Measure
<p>Employee needle stick or body fluid exposure</p> <ul style="list-style-type: none"> Inpatient care areas Emergency Department Primary Care Clinic Laboratory IV therapy and wound care services Environmental Services 	<p>100% of occupational exposures reported, evaluated, and managed according to Employee Health protocol/OSHA</p>	<ul style="list-style-type: none"> Reinforce staff education on exposure reporting requirements and timelines. Ensure exposure response kits and reporting instructions are readily available in clinical areas. Review all reported exposures for trends and opportunities for prevention. Provide follow-up care, testing, and counseling per Employee Health protocol. Report aggregate exposure data through the quality and patient safety structure. 	<p>Percentage of reported occupational exposures evaluated and managed according to protocol</p>
<p>High-consequence infectious disease or special pathogens</p> <ul style="list-style-type: none"> Emergency Department Inpatient care areas Primary Care Clinic EMS arrivals and transfers Laboratory and radiology services 	<p>Timely identification, isolation, and management of patients with suspected high-consequence infectious diseases or special pathogens</p>	<ul style="list-style-type: none"> Maintain a screening process for patients presenting with symptoms or exposure risks for high-consequence infectious diseases. Ensure staff are trained on identification, isolation, and notification procedures. Verify availability of appropriate PPE and isolation supplies for high-risk scenarios. Coordinate with local and state public health authorities for guidance and reporting as required. Conduct periodic drills or tabletop reviews to validate readiness. 	<p>Percentage of patients with suspected or confirmed high-consequence infectious disease or special pathogens managed with correct precautions, including appropriate signage, PPE, and hand hygiene requirements, at time of observation</p>
<p>Measles outbreak</p> <ul style="list-style-type: none"> Emergency Department Primary Care Clinic Inpatient care areas 	<p>Rapid identification and isolation of suspected measles cases to</p>	<ul style="list-style-type: none"> Maintain screening for rash illness, fever, and travel or exposure history at points of entry. Ensure airborne isolation procedures are implemented promptly when measles is suspected. 	<p>Percentage of patients with suspected or confirmed measles managed with airborne precautions, including</p>

Risk	CY 2026 Goal	Action Plan	Measure
<ul style="list-style-type: none"> • Waiting rooms and public areas • EMS arrivals 	<p>prevent transmission</p>	<ul style="list-style-type: none"> • Verify staff immunity and vaccination status through Employee Health records. • Coordinate immediately with local and state public health authorities for reporting and guidance. • Reinforce staff education on measles recognition and response procedures. 	<p>appropriate signage, PPE, and hand hygiene requirements, at time of observation</p>
<p>Norovirus outbreak</p> <ul style="list-style-type: none"> • Inpatient care areas • Emergency Department • Primary Care Clinic • Waiting rooms and shared spaces • Environmental Services 	<p>Prompt implementation of appropriate isolation and environmental controls to prevent transmission of norovirus</p>	<ul style="list-style-type: none"> • Ensure patients with suspected or confirmed norovirus are placed in appropriate isolation precautions. • Reinforce hand hygiene with soap/Hand Sanitizer and water and use appropriate disinfectants for environmental cleaning. • Implement enhanced environmental cleaning for affected areas as indicated. • Provide staff education on recognition and management of norovirus cases. • Coordinate with Environmental Services to ensure appropriate cleaning practices are followed. 	<p>Percentage of patients with suspected or confirmed Hepatitis A managed with correct precautions, including appropriate signage, PPE, and hand hygiene requirements, at time of observation</p>
<p>Hepatitis A outbreak</p> <ul style="list-style-type: none"> • Emergency Department • Primary Care Clinic • Inpatient care areas • Laboratory • Environmental Services 	<p>Prompt implementation of appropriate precautions and infection prevention measures to prevent transmission of Hepatitis A</p>	<ul style="list-style-type: none"> • Ensure patients with suspected or confirmed Hepatitis A are managed using appropriate standard and contact precautions. • Reinforce hand hygiene practices and environmental cleaning in affected areas. • Educate staff on recognition, transmission, and prevention of Hepatitis A. • Coordinate with local and state public health authorities for reporting and guidance as required. 	<p>Percentage of patients with suspected or confirmed Hepatitis A managed with correct precautions, including appropriate signage, PPE, and hand hygiene requirements, at time of observation</p>