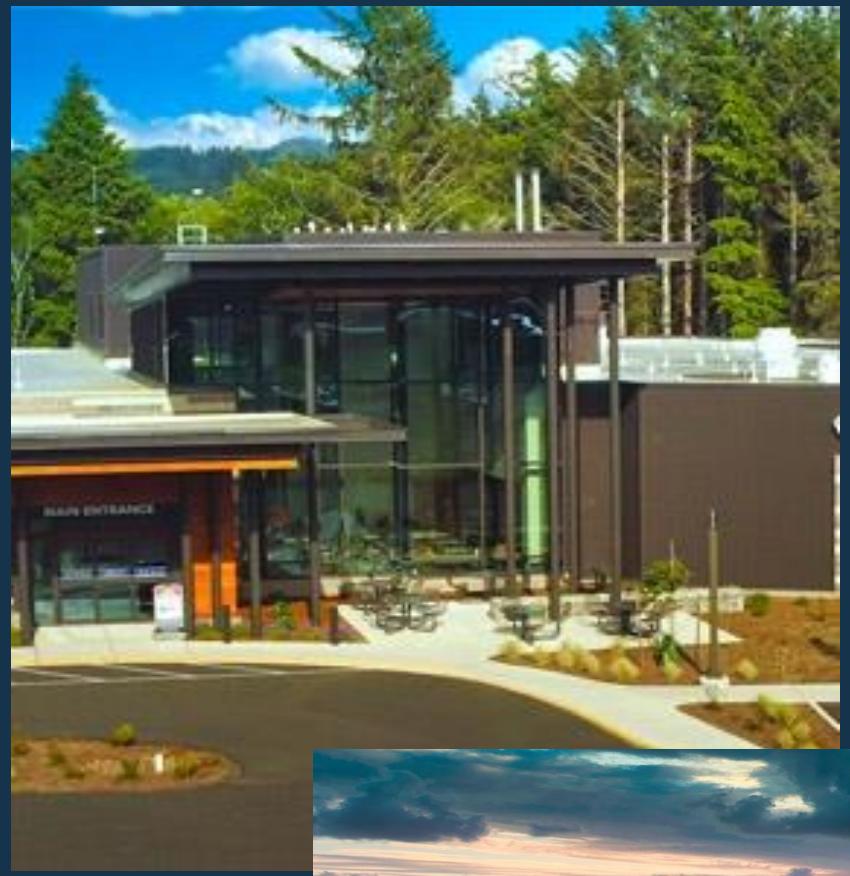
2026 Oregon Rural Health Conference Presentation Slides

ZERO HARM

in a Rural Setting

How Two Critical Access Hospitals
Eliminated Hospital-Acquired Conditions





Oregon Rural Health Conference
October 7th-9th 2026

Lincoln County profile: population and health

Measure	Lincoln County
Population estimate, July 1, 2025	**50,636**
Persons under age 5	**3.4%**
Persons under age 18	**14.4%**
Persons age 65 and older	**34.6%**
Female persons	**52.3%**
Veterans	**4,862**
Foreign-born persons	**5.7%**
Language other than English spoken at home	**9.0%**
Disability among persons under age 65	**17.2%**

Lincoln County profile: race and ethnicity

Measure	Lincoln County
White alone	**86.1%**
Black alone	**0.9%**
American Indian and Alaska Native alone	**4.6%**
Asian alone	**1.7%**
Native Hawaiian and Other Pacific Islander alone	**0.3%**
Two or more races	**6.4%**
Hispanic or Latino	**11.6%**
White alone, not Hispanic or Latino	**77.8%**

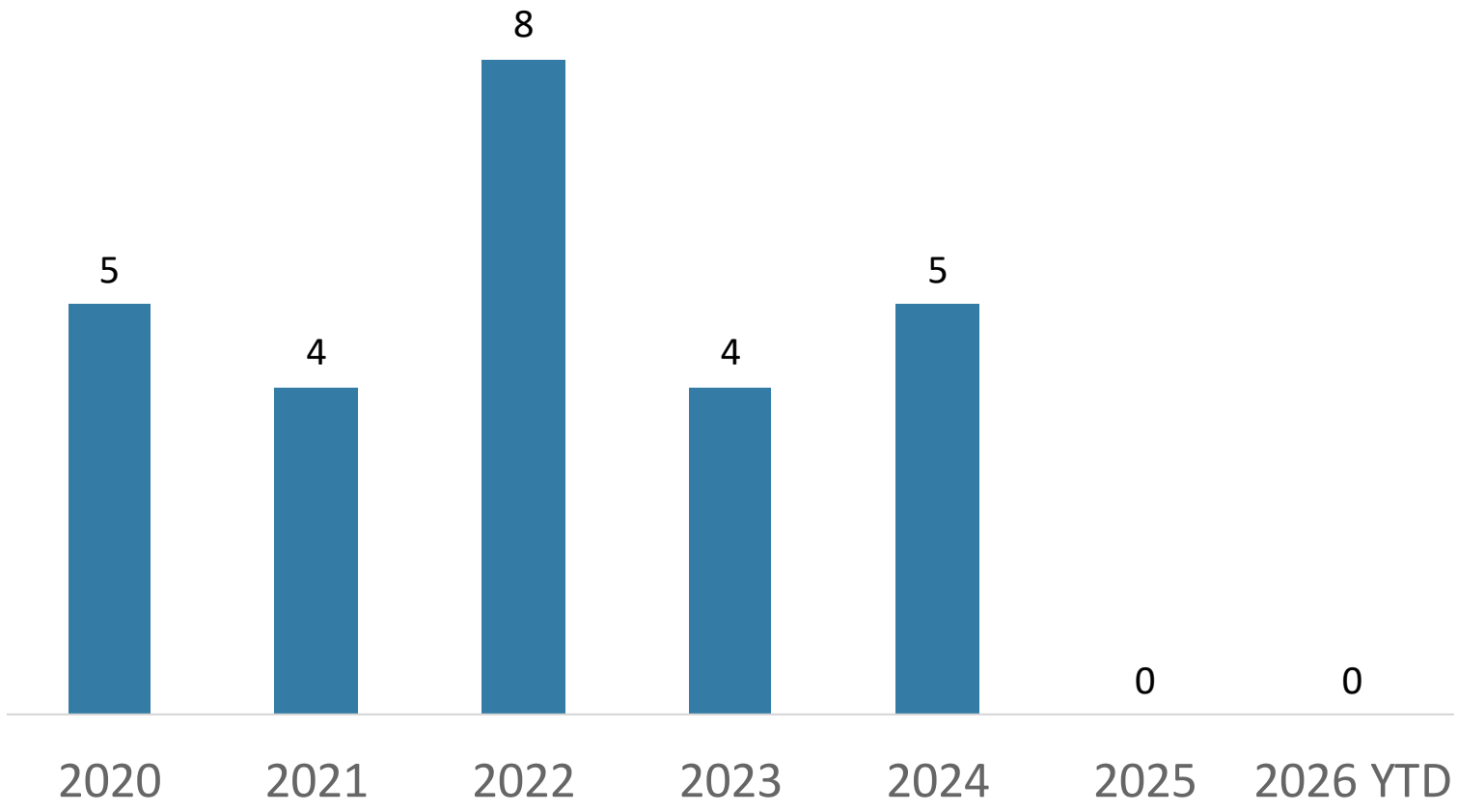
Lincoln County profile: income and poverty

Measure	Lincoln County
Median household income, 2020–2024	**$63,165**
Persons living in poverty	**16.3%**

Economic conditions affect transportation, medication affordability, housing stability, preventive care, and travel for specialty services.

Lincoln County, Oregon has a poverty rate of approximately 15.7% to 16.3%, which is higher than both the Oregon state average (around 12.2%) and the overall U.S. poverty rate (around 11% to 13.4%).

Combined trends of Pacific Communities Hospital and North Lincoln



26

HACs
2020–2024

0

HACs
2025–2026 YTD

CDI + CAUTI + CLABSI across both hospitals

Both hospitals contributed to the sustained result

Hospital / Measure	2020	2021	2022	2023	2024	2025	2026 YTD
Pacific Communities CDI	1	2	3	2	2	0	0
Pacific Communities CAUTI	0	0	2	0	1	0	0
Pacific Communities CLABSI	0	0	0	1	0	0	0
North Lincoln CDI	4	2	3	0	0	0	0
North Lincoln CAUTI	0	0	0	1	2	0	0
North Lincoln CLABSI	0	0	0	0	0	0	0

2026 data are year to date.

High Reliability Organization- Our Journey reflects Zero Harm

DATA	Know where harm occurs/validate systems
VISIBILITY	Put information in front of the team
STANDARD WORK	Build prevention into routine care
DAILY PRACTICE	Review devices and risks every day
ACCOUNTABILITY	**Escalate barriers and follow through**

C. difficile screening starts on admission

Nursing completes the screen as part of the Epic admission workflow

01 **Three or more loose stools in the last 24 hours?**

02 Laxatives or similar medications in the last 1–2 days?

03 Lactulose therapy?

04 Tube feeding?

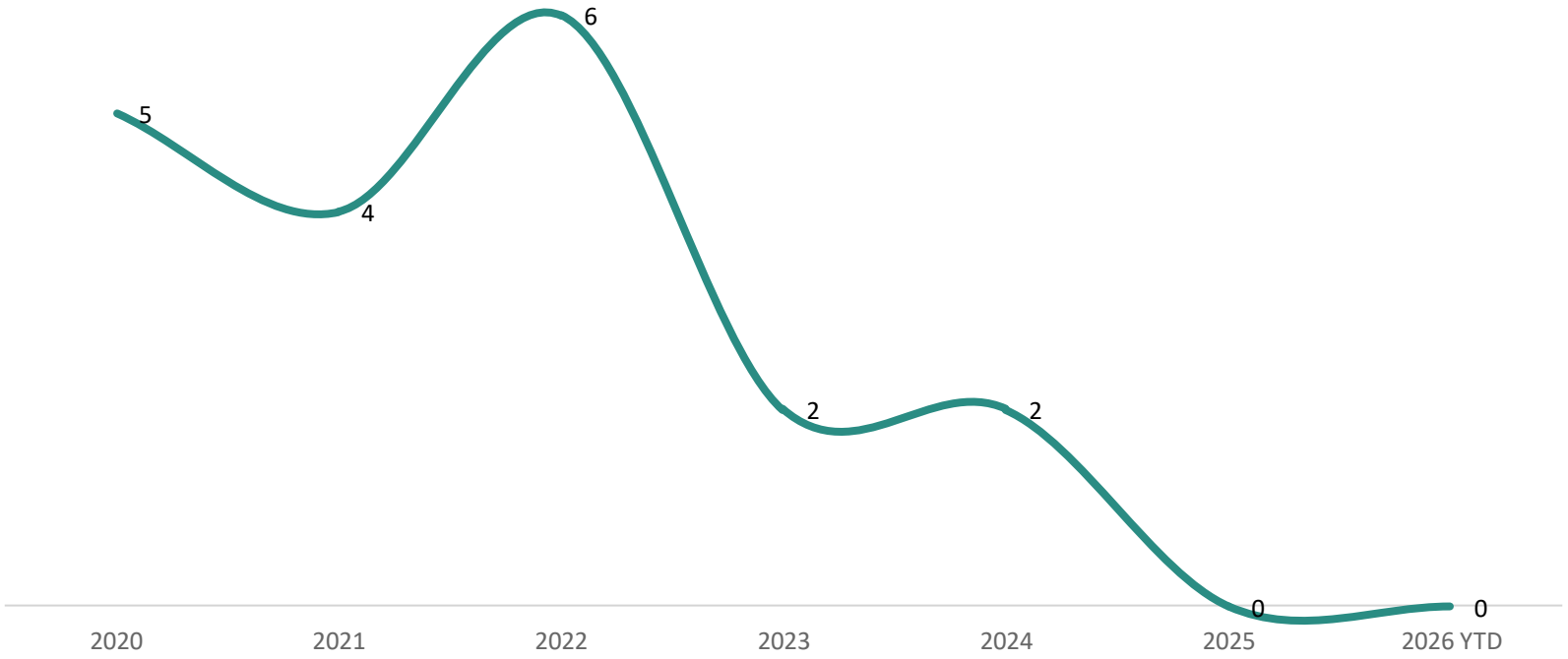
05 Any other reason for frequent stools?

The screen helps the nurse recognize symptoms and document alternative explanations before testing decisions are made.

An order triggers real-time IP review

01	02	03	04	05
Test ordered	**Automatic email or Text msg**	**Chart review**	**Unit contact**	**Decision**
A clinician places a C. difficile order in Epic	Epic alerts the Infection Preventionist	The IP checks symptoms, timing, medications, and documentation	The IP calls the nurse or care team when details are unclear	The team decides whether testing is appropriate

CDI events reached zero and stayed there



Screen on admission

Order alert

IP review

Unit contact if needed

Daily Practice Reduces Device-Related Risk

LINES and DRAINS

Review necessity and maintenance every day
Remove promptly when no longer needed

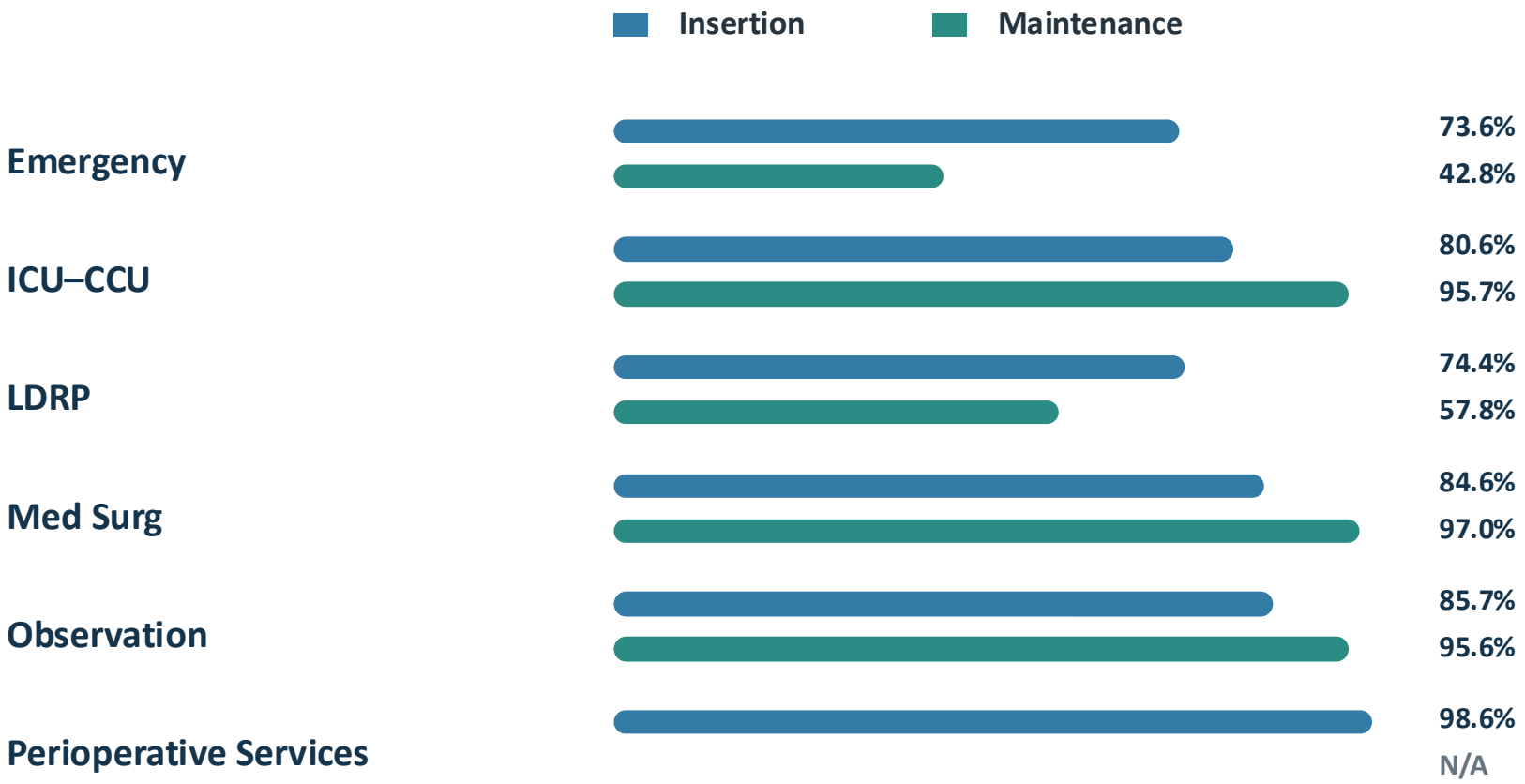
EPIC TOOLS

Make risk and required care visible

HAC TEAMS

Bring disciplines together around prevention

CAUTI prevention compliance by department



Total insertion

82.1%

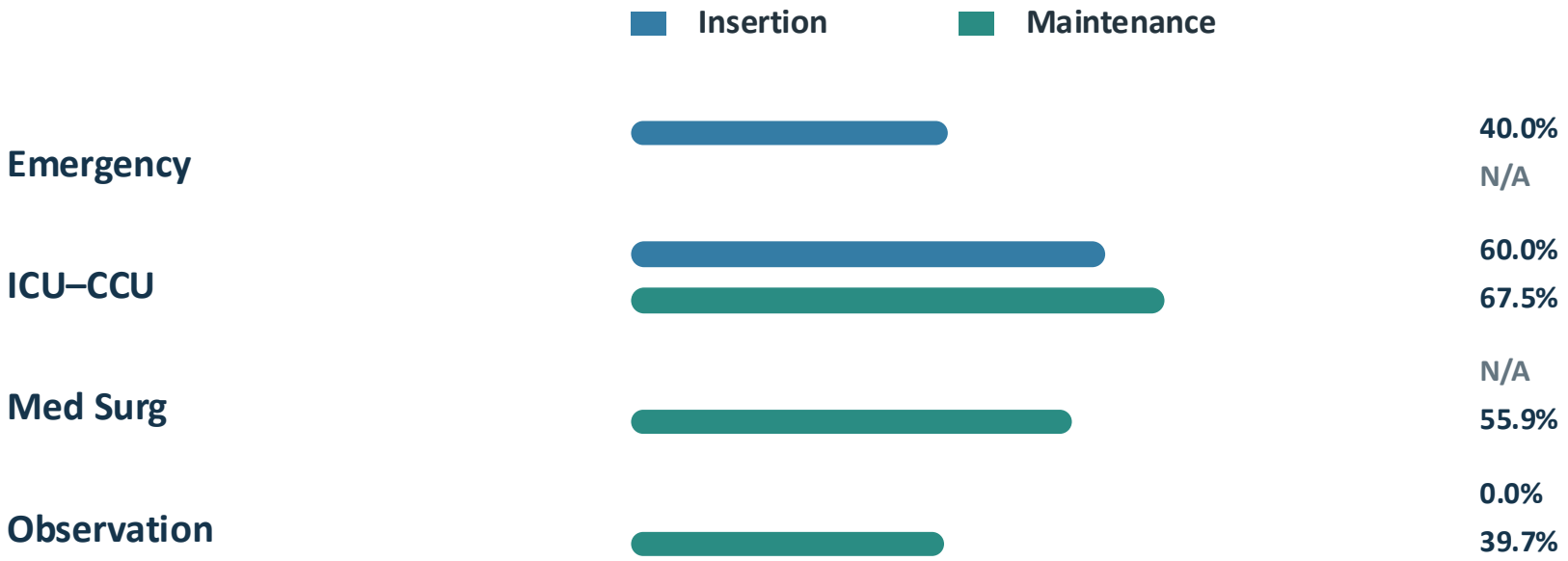
Total maintenance

74.9%

430 days

since last event
10/27/2024

CLABSI prevention compliance by department



Total insertion

45.5%

Total maintenance

57.2%

820 days

since last event
10/03/2023

Surgical prevention focused on reliable timing

North Lincoln Hospital had no reportable SSIs from May 2021-Feb 2026

01

Antibiotic selected

Match the patient and procedure

02

Infusion started

Antibiotic must be fully infused within 1- hour prior to incision

03

Infection Preventionist audits every surgical patient on the Coast

Confirm completion in the surgical workflow

Small scale can accelerate change

Short paths

Frontline staff can reach decision-makers quickly.

Known teams

Relationships support candid problem solving.

Visible events

Every infection receives attention.

Fast spread

A practical change can reach the whole hospital quickly.

What other rural hospitals can take home

01 Build prevention into the work staff already perform.

02 Send actionable data to stakeholders and all staff.

03 Use daily review to make risk visible.

04 Treat every event as a learning opportunity, nonpunitive environment

05 **Showcase achievements, kudos, and build rapport**

ZERO HARM

What we do every day to prevent hospital-acquired infections

MORNING SAFETY HUDDLE

- Report lines and drains so device risk is visible to the team.
- Report patients in isolation and reinforce needed precautions.
- Share county/community outbreaks that may affect our patients or staff.
- Discuss near misses and hospital-acquired conditions seen at sister hospitals so we can recognize the same risk before harm occurs here.

LINES, DRAINS & CATHETERS

- Question the appropriateness of every line, drain and urinary catheter every day.
- Ask why it is still needed and whether it can be removed today.
- Look at maintenance and required care—not just whether the device is present.
- Use Epic tools to make device care and prevention work visible.

TALK TO THE PEOPLE DOING THE WORK

- Talk directly with frontline staff every day.
- Include providers in conversations about ongoing device need and infection risk.
- Ask what staff are seeing, what is getting in the way, and what needs attention.
- Use short communication paths to address barriers quickly.

C. DIFF: START AT ADMISSION

- Complete the Epic nursing admission screen.
- Look for ≥3 loose stools in 24 hours.
- Consider laxatives, lactulose, tube feeding and other causes of frequent stools.
- Identify risk early rather than reacting after a positive result.

C. DIFF: WHEN A TEST IS ORDERED

- Epic automatically alerts Infection Prevention when C. diff testing is ordered.
- IP reviews symptoms, timing, medications and documentation.
- If the picture is unclear, IP contacts the nurse/care team and asks questions.
- The goal is appropriate testing based on the clinical picture.

SURGICAL INFECTION PREVENTION

- Start the ordered prophylactic antibiotic early enough to be fully infused within 30 minutes before incision.
- Make antibiotic completion visible in the surgical workflow.
- Use the workflow and team communication to prevent missed steps.

LEARN ACROSS OUR SYSTEM

- Bring forward near misses and HACs from sister hospitals, not just events at our own hospital.
- Ask: Could this happen here? Do we have the same vulnerability?
- Use system events to increase awareness and prompt proactive review.
- Share learning before a local event occurs.

MAKE PREVENTION EVERYONE'S WORK

- Use data to identify risks and make performance visible.
- Build prevention into standard daily work instead of relying on memory.
- Use multidisciplinary rounds and HAC teams to spread practical changes.
- Review infections and near misses as opportunities to strengthen the system.

Meet our Infection Preventionist-

Kristen Berholtz, MBA, MLS (ASCP), CIC (she/her)

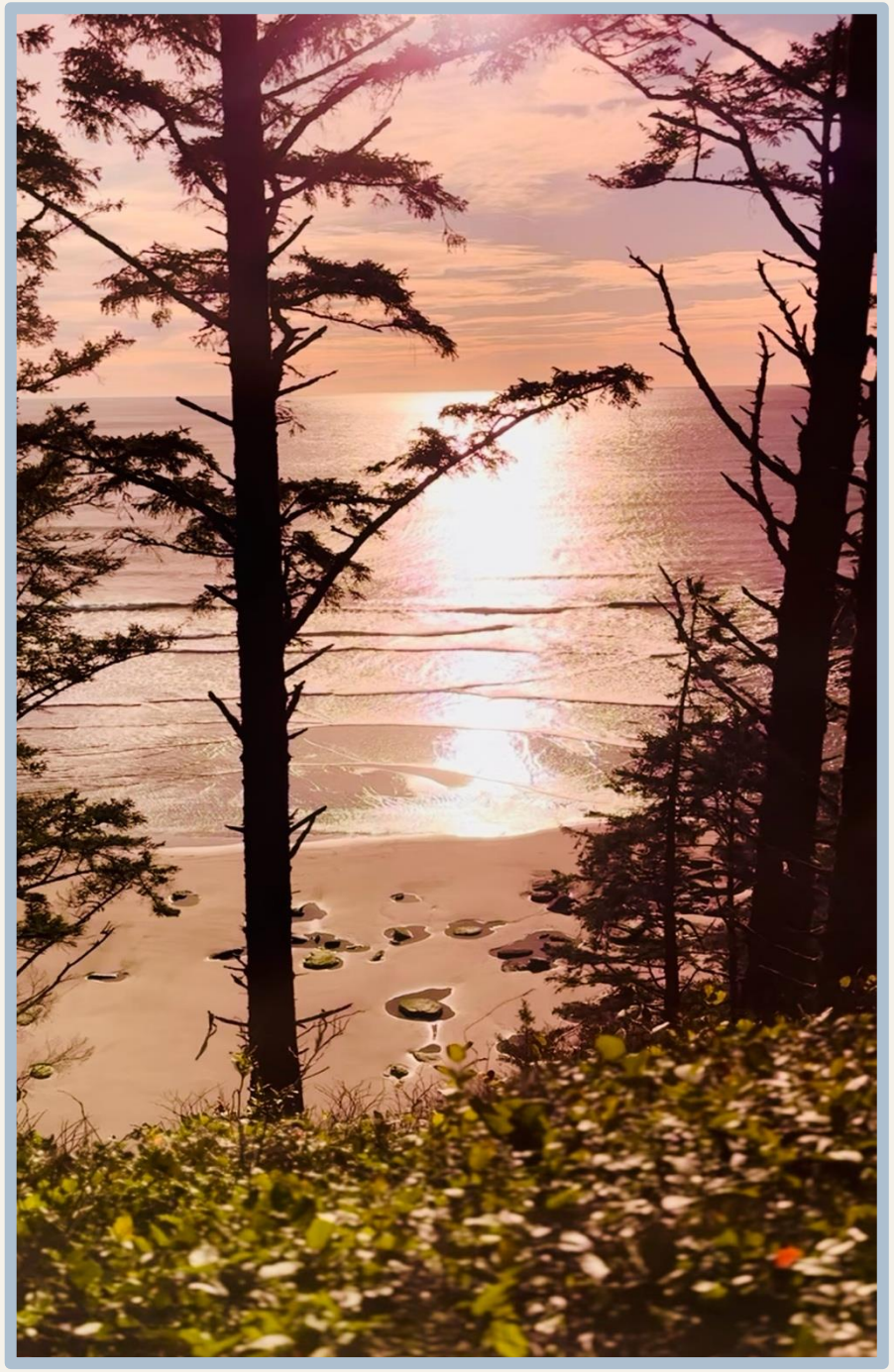
- Serving Samaritan Health since 2013
- Infection Prevention Program Manager of SPCH since 2022 and Coastal IP since 2024
- Board Certified American Society for Clinical Pathology
- Board Certified in Infection Control and Epidemiology
- Co-Chair Member of OSWAPIC
- Rising Star Recipient 2026



- Avid runner, reader, and lover of all fur babies

Thank you!!!

Jessica Hubbard MPH, BSN, RN
Director-Quality Resources Coastal Region
Samaritan North Lincoln Hospital
Samaritan Pacific Communities Hospital
Cell 503.919.9030
Pronouns: She, her, hers



Agate Beach at sunset