OREGON OFFICE of RURAL HEALTH

43rd Annual Oregon
Rural Health Conference
October 7- 9, 2026

OPPORTUNITY Just knock.

OHSU

2026 Oregon Rural Health Conference Presentation Slides

Harney District Hospital

557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com



Oregon CAH MBQIP Improvement Grant Project

Karen Reed, CNO/Quality Director

Kimberely Falcon, Quality/Compliance/Regulatory Coordinator

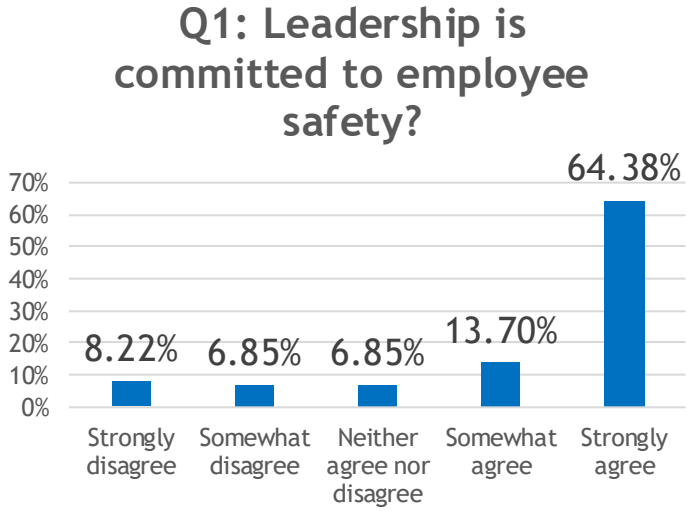
2026

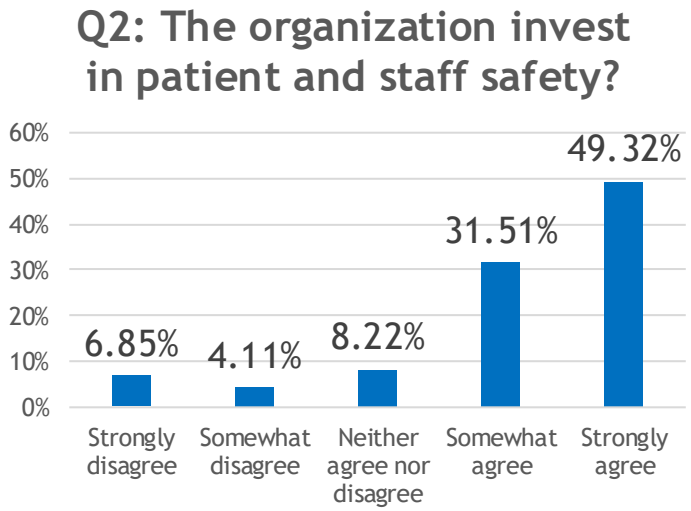
Continuous Quality Improvement (CQI) Behaviors

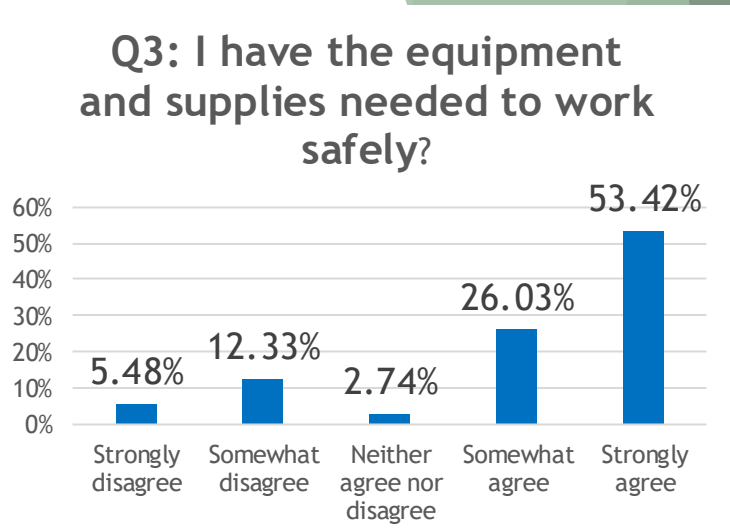
Strengths	Opportunities for Improvement
Culture of Excellence Clinical and administrative staff are deeply committed to striving for excellence.	**QI Engagement Gap** Varying levels of quality improvement awareness, engagement, and communication across departments.
Proactive Leadership Leaders are highly willing to participate in Continuous Improvement projects.	**Metric Visibility** Need for enhanced visibility and clear communication of quality metrics.
Dedicated Resources A dedicated Quality Team is in place, providing comprehensive support.	**Frontline Participation** Opportunity to boost staff participation in identifying and addressing patient safety and operational improvements.
Executive Governance Strong Board endorsement and administrative championship of the QMS.	**Standardization Needs** A focus on creating consistent leadership practices and standardizing department quality practices.

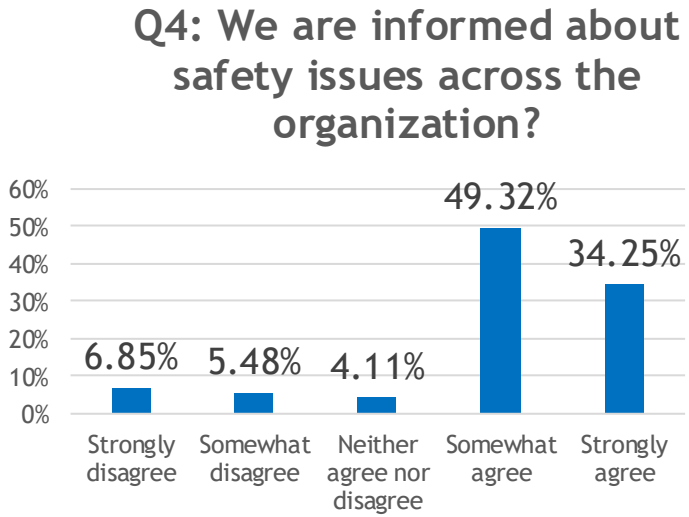


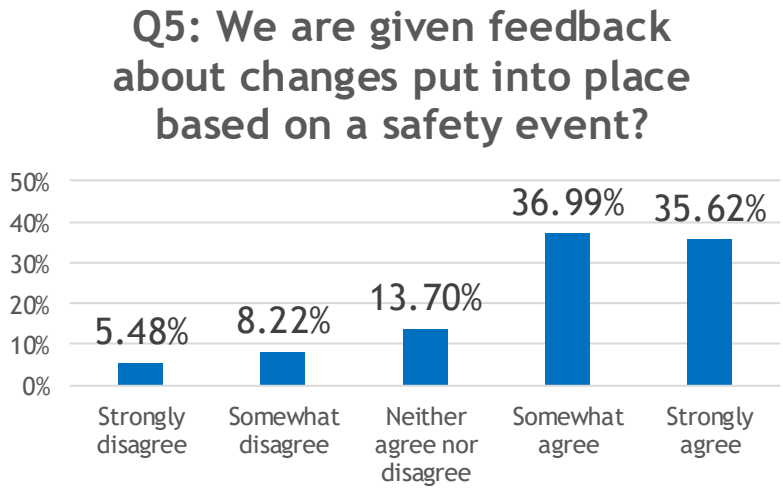
Survey Results: *Baseline*











Project Goals: Strengthen Organizational Quality, Compliance & Culture

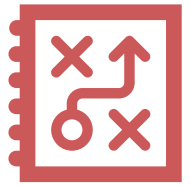
Leader Accountability

Empower leaders to systematically monitor, communicate, and proactively respond to department quality metrics and continuous improvement opportunities.



Staff Inclusion

Foster open communication and actively involve frontline staff in driving and executing clinical quality improvement initiatives.



Visual Alignment

Strengthen visible connections between Organizational Strategic Goals, Patient Safety priorities, key performance metrics, and caregiver engagement action plans

Process Improvement:

AIM: Standard visual management system to drive consistent communication, accountability, and staff engagement

★ PLAN

Standardize & Design

Template Development:

Create a standardized template

SOP Creation: Draft educational materials and consistent process.

★ DO

Train & Mobilize

Leader Calibration: Train leaders on metric reporting, staff engagement, PDSA and closed-loop communication.

Frontline Activation: Educate staff

★ STUDY

Evaluate & Audit

Oversight Framework: Structured, routine compliance audits.

Validation Loops: Focused leader rounding and continuous staff feedback.

★ ACT

Sustain & Adjust

Active Coaching: Ongoing coaching

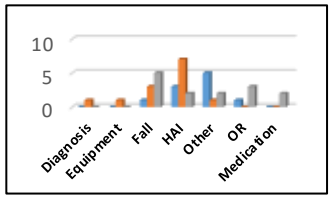
Culture Integration: Embed operational modifications into regular continuous improvement systems.

Quality/Safety/Experience

Quality Scorecard: Imaging

	Regulatory Compliance Process Measures					Patient Safety Outcome Measures					Patient Experience		
	Compliance Timely Policy Review	Staff Annual Training	Compliance CDC Guidelines for Hand Hygiene - Imaging	MQSA	MEDICAL IMAGING OHA INSPECTION	Imaging Adverse Event	Imaging OSHA Event	X-Ray Repeat Rate	BCMA Total		Employee Evaluation		
Jul-24	100%					0	0	6.5%	78.5%				
Aug-24	100%	100%				0	0	8.0%	69.9%		33.3%		
Sep-24	100%					0	0	9.9%	69.7%				
Oct-24	100%					0	0	10.1%	68.6%				
Nov-24	100%	100%				0	0	10.4%	70.8%		66.7%		
Dec-24	100%					0	0	5.9%	63.2%				
Jan-25	100%					0	0	5.5%	72.3%				
Feb-25	100%	28.0%	100%			0	0	7.9%	70.9%		100.0%		
Mar-25	100%		100%			0	0	4.7%	73.9%				
Apr-25	100%		33.3%			0	0	5%	72.8%				
May-25	100%	100%	NA - 0 observed			0	0	4%	94.0%		100.0%		
Jun-25	100%		100%			0	0	4%	91.4%				
Jul-25	100%	100%	100%			0	0	4%	99.3%		100.0%		
Aug-25	100%	100%	95%			0	0	6%	95.1%		100.0%		
Sep-25	100%	100%	67%	PASS	PASS	0	0	6%	92.0%		100.0%		
Oct-25	100%												
2025 TOTAL	100%	28.0%	83.3%	#DIV/0!	#DIV/0!	0.0	0.0	6.5%	76.6%	####	75.0%	####	####
	≥ 90%	≥ 90%	≥ 95%	PASS	PASS	0	0	≤ 8.0%	≥ 90%		≥ 90%		
	80 - 89%	80 - 89%	85 - 94%	CONDITIONS	CONDITIONS	> 1	> 1	8.1 - 9.0%	80 - 89%		80 - 89%		
	≤ 79%	≤ 79%	< 85%	FAIL	FAIL			> 9.0%	≤ 79%		≤ 79%		
2026 TOTAL													
2025 TOTAL	100%	28.0%	83.3%	#DIV/0!	#DIV/0!	0.0	0.0	6.5%	76.6%	###	75.0%	###	###





Quality & Safety

What we are working on:

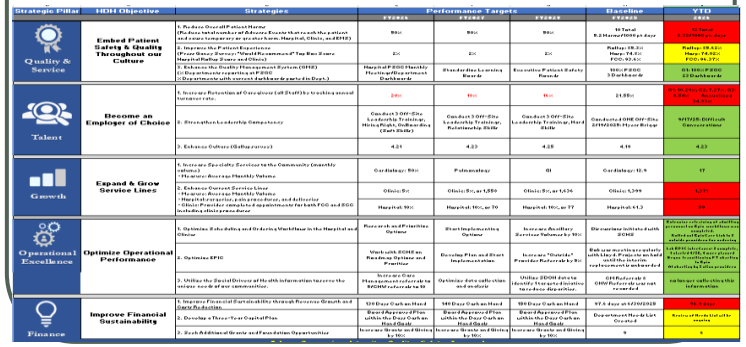
What is our measurable goal:

Actions Taken:	1.
Results:	1.
Q1:	1.
Q2:	1.
Q3:	1.
Q4:	1.
Next Planned Steps: (Complete ongoing audits)	1.

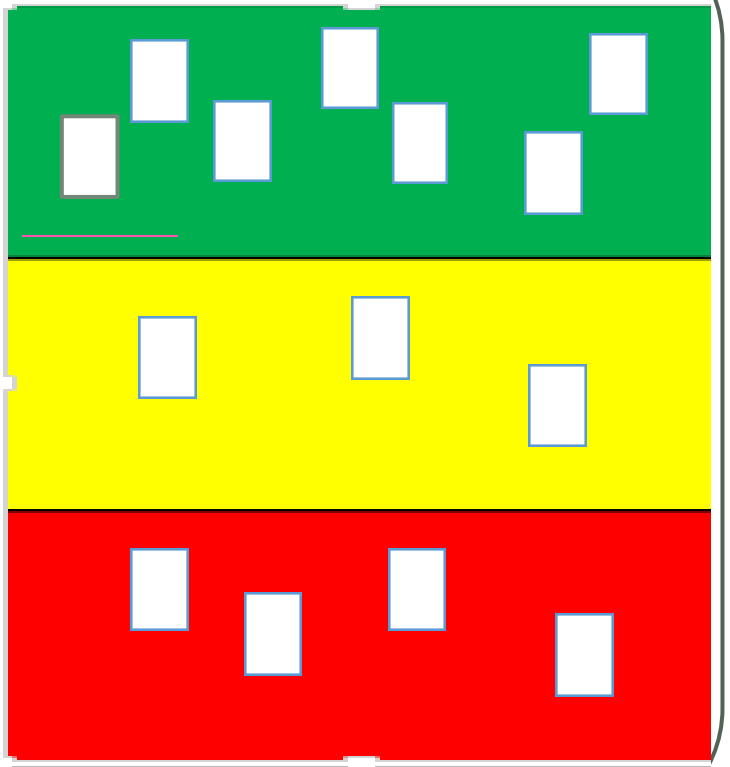
My Department AIDET script:

A	Acknowledge	"Good morning, Mrs. William."
I	Introduce	"Welcome to Harney District Hospital. My name is Joanne with Registration. How may I assist you today?"
D	Duration	"The check in process will take about 4 minutes, and then I'll have you take a seat in the lobby."
E	Explanation	"If you will please complete this form, so I can ensure your insurance information is updated and verified. Dr. Erickson's team is running about 10 minutes behind schedule. If you would take a seat, her MA will be out to take you back shortly."
T	Thank you	"Thank you Mr. Williams, for choosing Harney District Hospital for your healthcare needs. Is there anything else I can do for your today?"

Strategic Plan



Issues and Ideas



Next Exec Rounding:

Monday 10/19 10:15 am

Friday 10/23 9:00 pm

Stay Informed

- Town Hall next Thursday
- Rehab remodel underway
- AVADE training next month
- Epic Downtime this Saturday

Engagement

GALLUP ACTION PLAN		
Gallup Question:	Q9: My coworkers are committed to quality work Q4: In the last 7 days, I have received recognition for praise for doing good work	
ACTIONS:	**DUE DATE:**	**OUTCOME:**
30-60-90 Day check-in with new hires	Started March 1	• Learned about glitches in onboarding process • Assists with getting to know people
Q1: Scheduled potluck every Friday	April 1	• Teambuilding
Q2:		
Q3:		
Q4:		

Recognition

- Mary was helpful
- Henry worked extra
- Jack scanned all medications

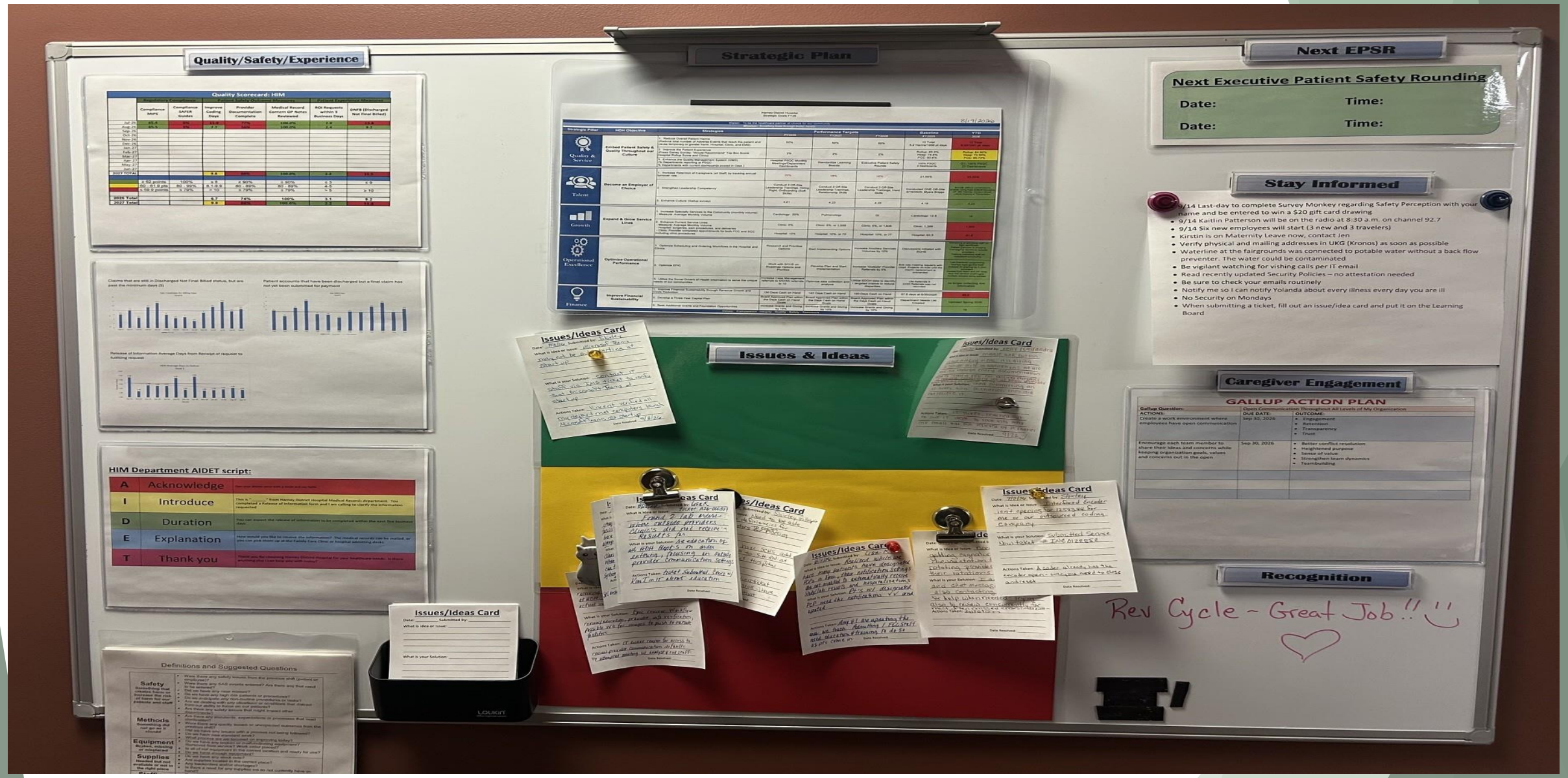




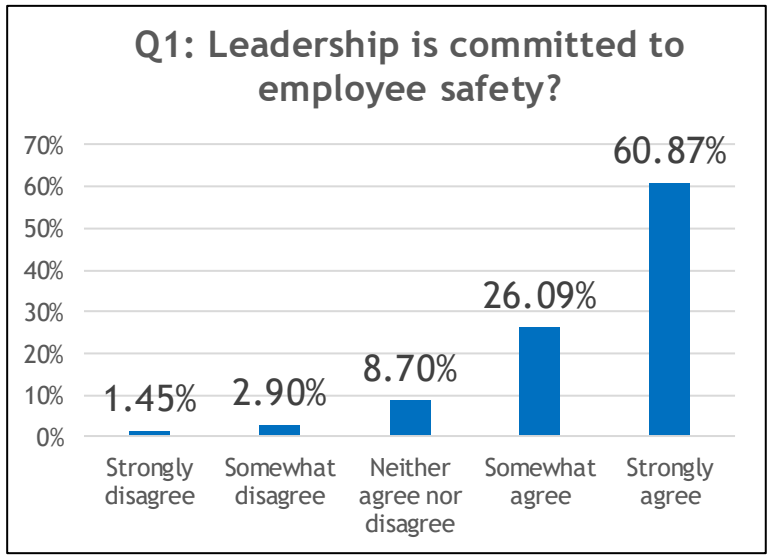
Nursing Department

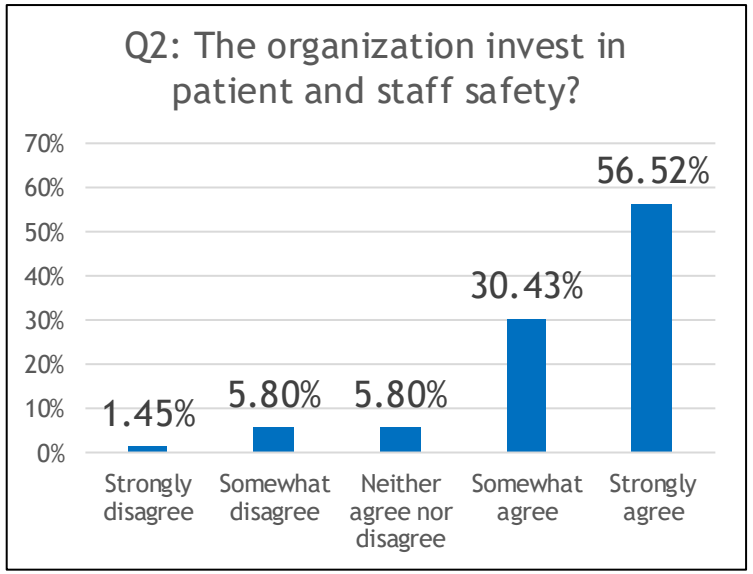


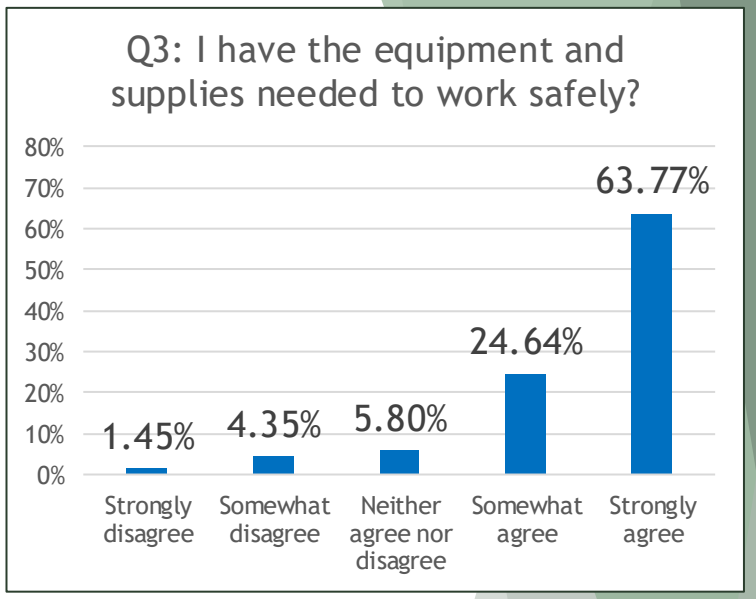
HIM Department

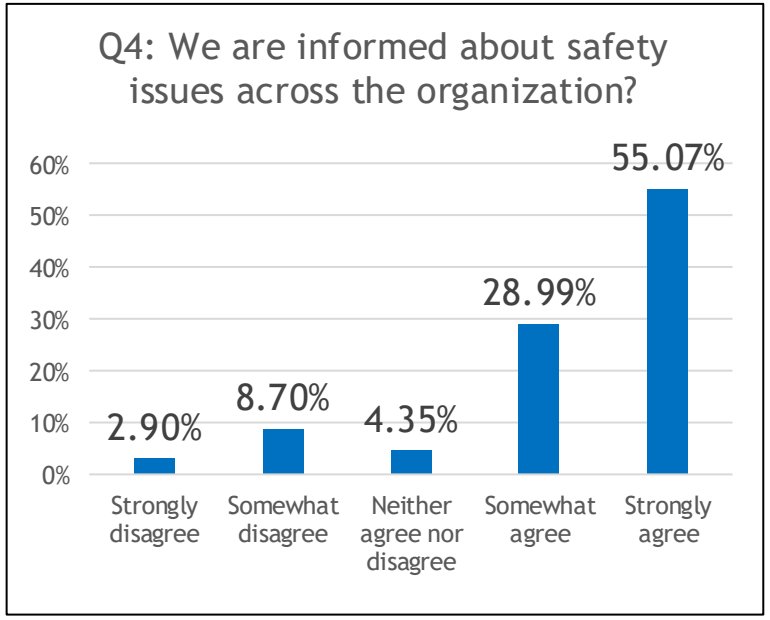


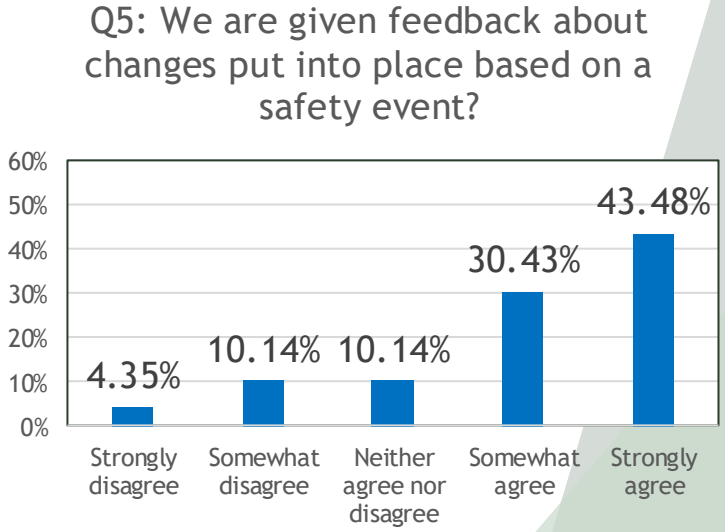
Survey Results: *Follow-up* @ 6 weeks



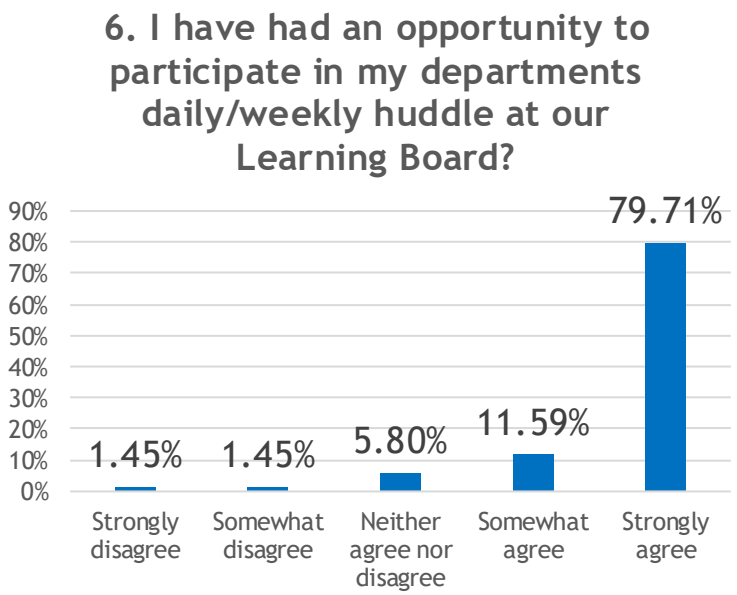


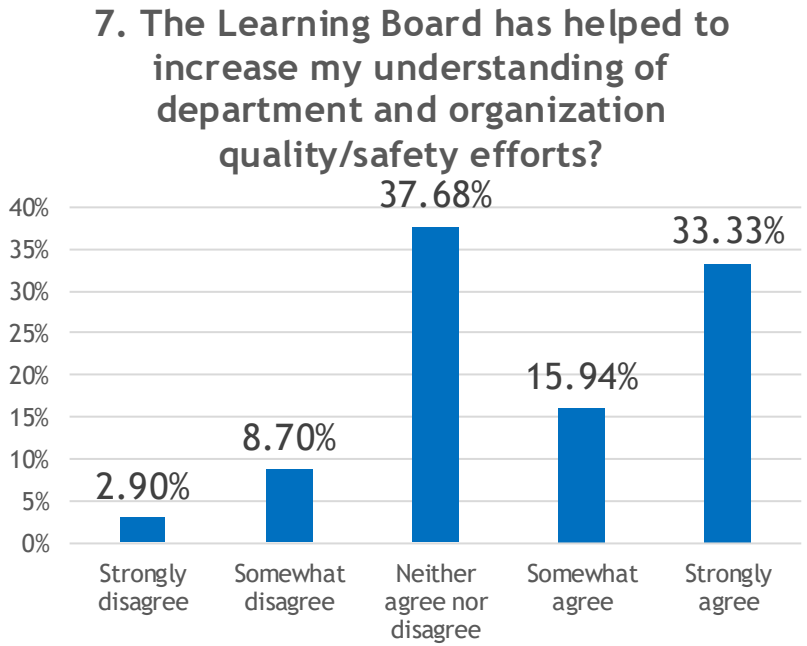


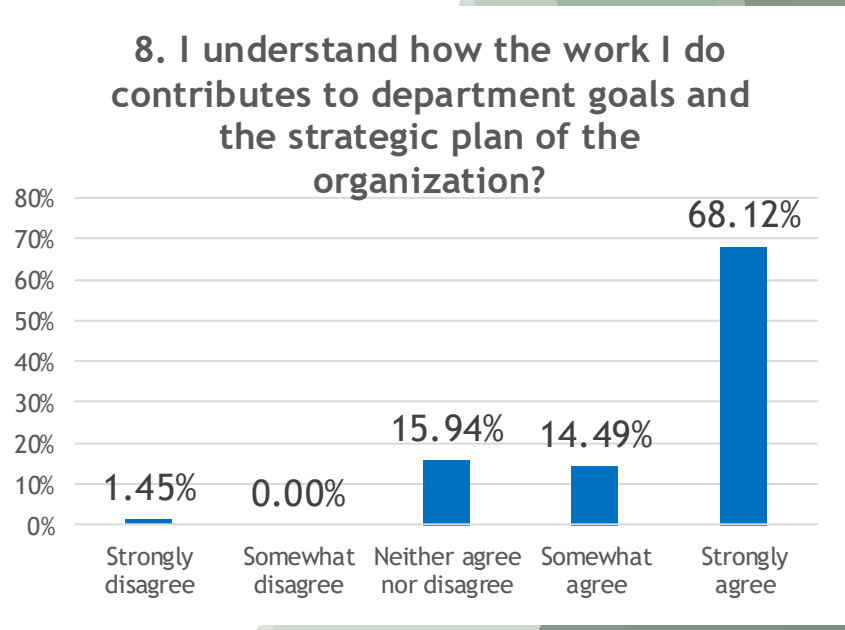




Survey Results: *Follow-up survey additional questions*







Survey Results—Top Box

QUESTION	PRE	POST
Q1. Leadership is committed to employee safety?	64.38%	60.87%
Q2. The organization invests in patient and staff safety?	49.32%	56.52%
Q3. I have the equipment and supplies needed to work safely?	53.42%	63.77%
Q4. We are informed about safety issues across the organization?	34.25%	55.07%
Q5. We are given feedback about changes put into place based on a safety event?	35.62%	43.48%

Next Steps:

Implement Executive Safety Rounds

- Admin team/Board members join departments at huddle time

Continuous auditing / monitoring for compliance

Re-Survey in 6 months and review data for learning opportunities

