



2017
Quality Report

THE EVANGELICAL LUTHERAN
 **Good Samaritan Society**[®]
In Christ's Love, Everyone Is Someone.



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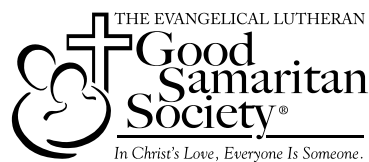
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THE GOOD SAMARITAN SOCIETY'S DEFINITION OF QUALITY:

Quality is doing the right thing(s), for the right people, at the right time, in the right way and in the right setting.

This definition brings clarity to what quality is at the Good Samaritan Society by identifying its most fundamental parts.

Anyone at the Society, regardless of service area, can use this definition to help focus on excellence, every day in every way.



Message from Dr. Victoria Walker



Dr. Victoria Walker
VICE PRESIDENT, MEDICAL
SERVICES AND QUALITY SYSTEM,
THE EVANGELICAL LUTHERAN
GOOD SAMARITAN SOCIETY

The Good Samaritan Society has a long history, nearly 100 years, of service to communities that is rooted in the mission of sharing God's love in word and deed. Our heritage continues to be profoundly meaningful to employees, and it encourages us to serve, even when it is not easy or lucrative.

Our mission is closely intertwined with a commitment to quality—doing the right thing, for the right person, at the right time and in the right way. As people dedicated to sharing God's love, how could we settle for doing less than this?

In our fourth annual Quality Report, you'll find stories that demonstrate how employees from all corners of the organization are working diligently to improve the experiences of the people they serve. They inspire each of us to ponder how we can embed key questions into our interactions with each other: Am I serving you well? How do I know that? How could I do it better?

An often quoted phrase is, "what gets measured gets done." Measuring can be daunting, but it allows for objective understanding of improvement opportunities. The digital age gives us access to unprecedented amounts of data; the challenge is to effectively sift through it to make sure that what matters is not buried—things like being connected to a caring community, delivering safe and competent care, and honoring personal preferences.

In this report, we share examples of how the Society is thoughtfully measuring what matters, and using that information on our journey of continuous quality improvement.

A handwritten signature in black ink that reads "V. Walker".

Hot topics in healthcare

MEDICAID REFORM THREATS

As a new administration moved into the White House in 2017, Republicans made a campaign promise to repeal and replace the Affordable Care Act (ACA) established during former President Barack Obama's term. Throughout 2017, House and Senate Republicans proposed multiple versions of bills recommending significant reforms to the Medicaid program, but each effort was turned back by very narrow margins.

All unsuccessful attempts by Republicans contained 20 percent reductions to Medicaid funding in future years by capping the amount of federal dollars distributed to individual states. These reform proposals would have reduced Medicaid funding for seniors by \$65 million at Society locations across the country. Two out of every three Society skilled nursing beds are occupied by a Medicaid-qualified individual, and passage of one of these bills would've disproportionately devastated the older adults we serve every day.

Standing alongside our national healthcare partners and organizations such as AARP, the American Hospital Association and the American Cancer Society, we vocally opposed the bills through organized letter writing, calling campaigns and other advocacy efforts. Individuals from the Society sent hundreds of messages to their senators and representatives to express the devastating impact of the reform proposals.

By the end of the summer, Congress was unable to pass a bill that would repeal and replace the ACA. However, we remain vigilant as more promises have been made to advance Medicaid reform efforts.



LIFE EVALUATION AND THE WORKPLACE

The Society partnered with Gallup, Inc., for the third year in 2017 to administer employee and customer engagement surveys. Two new questions were added to the employee engagement survey to measure life evaluation. These new items provided high-level insight into where Society employees feel they stand on their "life ladder."

We recognize employment plays a big role in life satisfaction, and the results can help us think critically about the ways we support employees' well-being at work. Based on the added life evaluation questions, Gallup determined the Society exceeds the U.S. average with 58 percent of employees considered to be "thriving." The U.S. average is 50 percent.

CONNECTIONS FOR A GREATER STANDARD OF LIVING

Low-income seniors often face challenges accessing the housing and services they need to live healthy lives. Society affordable housing apartments in larger towns and cities have utilized service coordinators to connect residents with local programs and services that can meet food, health and financial needs.

Historically, it has been difficult to provide this service in smaller, more rural communities.

The unmet need led the Society's affordable housing team to take a creative approach in supporting residents. In order to give residents in smaller communities the same access to services afforded to residents in larger communities, it was determined a service coordinator would assist residents in rural locations remotely from National Campus. By the end of 2017, three properties were benefiting from the addition.

Residents are experiencing as much success remotely as our residents who have a service coordinator on-site, so the services are expanding to additional locations in 2018. The remote service coordinator establishes deep relationships with local service providers, assists residents through the process of applying for or utilizing services, and advocates for keeping vital social services in small towns where they may be tempted to pull out. This multi-dimensional approach to caring for lower income seniors is critical to cultivating healthy communities.

NEW HOME HEALTH REGULATIONS

Major changes were announced to home health federal regulations in 2017 with extensive impacts to patient rights, care coordination, patient-centered care, emergency preparedness, caregiver involvement and QAPI programs. These changes, the most significant announced in nearly 30 years, took effect in January 2018 and required the collaboration of multiple teams across the Society to evaluate the new regulations and ensure full compliance.

Policies, procedures and other forms were updated. Improvements were made to patient tools such as admission packets, assessments and care plans in the electronic health record. Fortunately our mission has always called us to be comprehensive and patient-focused in the care we deliver. These updated regulations reinforced the importance of our practiced values, and inspired us to strengthen the ways we continue to live them out through the care we deliver.

Of course, changes of this magnitude have also necessitated a significant education effort, which will continue well into 2018. Federal regulations are typically accompanied by interpretive guidance that is used by surveyors and providers to adhere to the regulations. A draft of the interpretive guidance for the new regulations was released in October 2017, but until final guidance is published, support work for Society home health agencies will continue.



Quality Assurance Performance Improvement update

SIGNIFICANT MILESTONES ACCOMPLISHED ON THE SOCIETY'S QAPI JOURNEY:

- Developed and deployed first digital Job Orientation and Training guide at the Society
- Society post-acute/skilled nursing locations achieved more 5-star ratings than ever before in our history.
- Successful pilot implementation of electronic continuous survey readiness software, abaqis, streamlined processes and improved 5-star ratings in all categories for 16 locations.
- Developed and deployed a new interim dashboard for post-acute/skilled nursing locations to assist QAPI committees with data review.
- 100 percent of post-acute/skilled nursing locations and home health agencies completed a QAPI plan.
- 11 Society home health agencies earned the distinction of HomeCare Elite®.

When you first learned how to ride a bicycle, your bike probably had one gear and a set of training wheels. As you became more experienced you likely upgraded to a bike with more gears and felt more comfortable on tougher terrain. Experienced cyclists know gears help the rider adjust their effort so they can maintain a pedaling cadence when wind or hills make the ride more challenging.

Since 2012, the quality services team has been building quality assurance performance improvement (QAPI) tools that could be thought of as the “gears” used by location leaders when it comes to establishing an improvement cadence for QAPI. Like riding a bike uphill, sometimes the only way to get to the top is to use additional gears (QAPI tools) and keep pedaling.

In 2017, the Society's post-acute/skilled nursing locations saw a significant improvement in the percentage of locations earning a Centers for Medicare and Medicaid Services (CMS) 5-star distinction in the overall rating and in the clinical quality measures.

In 2017, the first ever digital version of the Good Samaritan Society Job Orientation and Training (JOT) guide was introduced and its topic was QAPI! The new digital JOT supported 72 employees across the Society who logged in to learn how to be successful using QAPI tools.

Colleagues in Society home health agencies across the country worked hard to prepare for changes to the CMS Conditions of Participation (CoP) that went into effect in January 2018. An important part of the CoP change included very detailed expectations for home health QAPI programs.

It requires effort to pedal your bike, but it is also energizing and fun. John Howard once said, “The bicycle is a curious vehicle. Its passenger is its engine.” In a similar way across the Society, in our post-acute/skilled nursing locations, home health and hospice agencies, and at National Campus, Society employees are providing the energy to build and sustain effective QAPI programs.

Achieving the Triple Aim

The Triple Aim is a simple but powerful way of summarizing the National Quality Strategy. As a nation, we are coming together in the belief that we are capable of delivering better care experiences, resulting in healthier communities, while spending money on care that brings value.

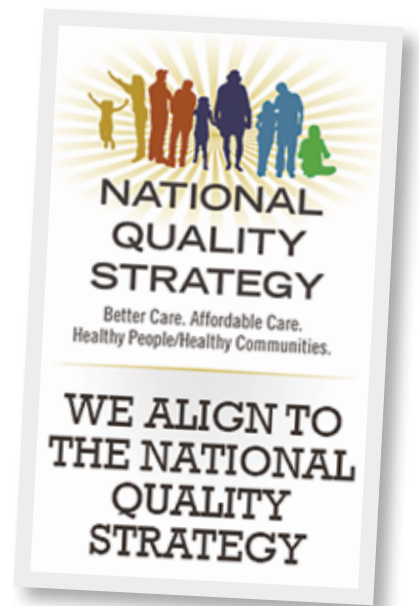
How will the Good Samaritan Society do this?

We will focus on the six key priorities of the National Quality Strategy as we design and deliver services:

- Priority 1** | Focusing on **Safety** in our environments and in our processes.
- Priority 2** | Putting **People**—residents and their families— at the center of all care planning and decisions.
- Priority 3** | Building relationships, **Coordinating** across sites of services and caregivers.
- Priority 4** | Strengthening and partnering across our **Communities**
- Priority 5** | Using the best evidence available to guide our decisions and create **Effective Practices**.
- Priority 6** | Being good stewards for **Smarter Spending**—making sure we spend money in ways that bring value to the person receiving services.

These are not foreign concepts to the Society. They are not fads. In fact, these priorities fit within the core of what we have strived for since our inception. Our vision is for each person to feel loved, valued and at peace. Achieving the Triple Aim is icing on the cake!

These priorities are important across every service line and provide a framework to keep us aligned. Using these priorities, we can break down traditional silos, both inside the Society and in our larger communities.



Priority 1 | Safety

Medication use

For several years, the nation has focused on limiting prescriptions for antipsychotic medications to seniors. Unfortunately, an increase in other medications with negative effects has been observed. At the Society, we want to avoid substituting one high-risk medication for another. We not only maintain low antipsychotic medication use compared to the national average, but have also sustained a low use of anti-anxiety and hypnotic medications.

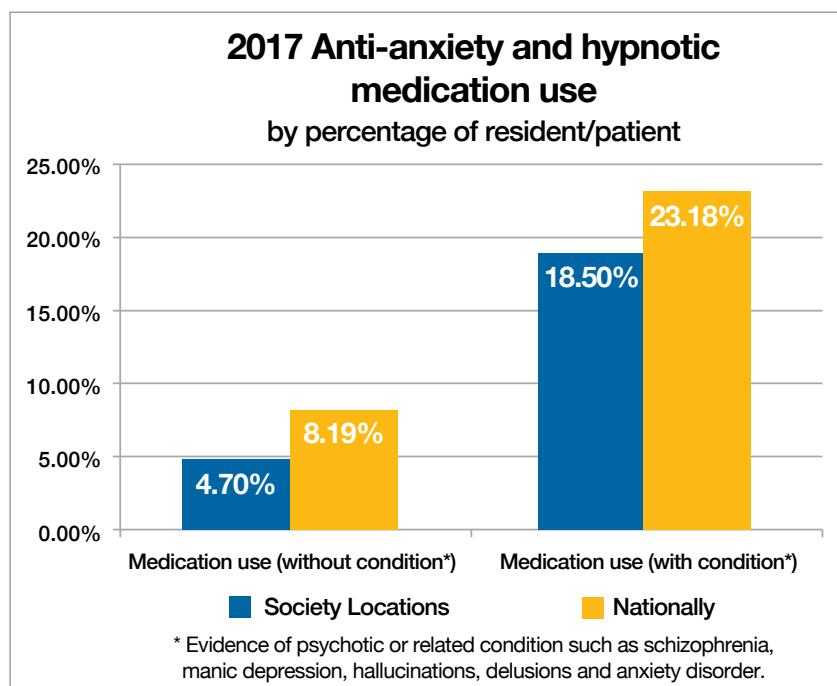
Anti-anxiety and hypnotic medications are commonly prescribed for conditions related to anxiety and insomnia. Limiting seniors' use of these medications is critical due to potential adverse effects including cognitive and psychomotor impairment. Additionally, over sedation can increase the risk of loss of appetite and unintended weight loss, poor balance, falls and even injury.

When the safety of those we serve is on the line, Good Samaritan Society locations will hold nothing back in their pursuit of excellence.

The Centers for Medicare and Medicaid Services (CMS) recognize these risks and now monitor the use of the medications through quality measures

calculated from data collected by post-acute/skilled nursing locations across the United States. Society post-acute/skilled nursing locations worked hard in 2017 to reduce the use of these medications, and the focus led to a sustained decrease in use overall.

A variety of resources were available to support locations in their efforts. Through our electronic medical record software, PointClickCare, an added dashboard enabled locations to monitor the





medications administered. Additionally, mental health needs were supported through both on-site clinician visits and telehealth consultations. The telehealth resource is accessible at all times and allows for consultation with consistent providers. It also offers the option for on-site evaluations when there has been a condition change with a resident.

At the location level, leaders work to ensure employees are trained on and familiar with the CMS quality measures, which are reviewed monthly to identify potential areas of concern for the residents. This "special focus" approach has shown to improve all quality measures, including reduction of the anti-anxiety and hypnotic medication use.

Another resource in the support of this work came through state collaborative organizations known as Quality Improvement Organizations/ Networks, or QIOs/QINs. Many post-acute/skilled nursing locations are involved in state-wide initiatives and participate in monthly calls, webinars and trainings. Learning is shared across the state around best practices and available resources to decrease the use of anti-anxiety and hypnotic medications.

When the safety of those we serve is on the line, Good Samaritan Society locations will hold nothing back in their pursuit of excellence. This is evident through the sustained reduction of use of anti-anxiety and hypnotic medications, ensuring they are used only when necessary and in the best interest of the resident.

EFFECTIVE CARE STARTS WITH INCLUSIVE DESIGN

After identifying a gap in services for the area bariatric population, Good Samaritan Society–Sioux Falls Center remodeled four rehabilitation rooms in 2017 to better serve those needing bariatric services.

New features in the resident rooms include ceiling lifts that allow transfers to the bathroom, as well as the addition of furniture and equipment to accommodate up to 800 pounds. Doorways were widened in the common living areas and spa room, and a new whirlpool tub was installed in the location with an increased weight capacity.

“We decided to add this specialty due to the need,” says Melissa Tordoff, administrator at Sioux Falls Center. “We can care for a population that cannot otherwise be helped at this time. There is no place for them to go. We are able to expand our mission of service and care for those that need us. After all, that is why we are here!”

Priority 2 | People

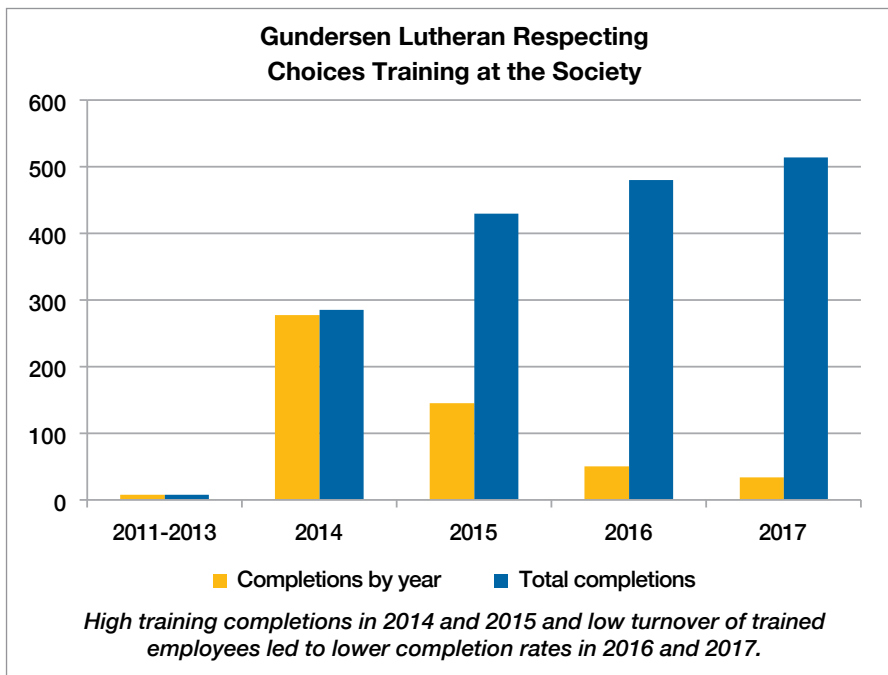
Opportunities to have person-centered conversations

When care and services are organized in a way that prioritizes a resident or client's needs and preferences, the result is person-centered care. At the Good Samaritan Society, our goal is to provide a culture of person-centered care, and to do so even when it means having difficult conversations.

Discussions about end-of-life care can be daunting, but they are an integral part of one's aging experience. When those we serve are aware of treatment options, they have the opportunity to make informed decisions about future care, and can be assured end-of-life decisions will be made according to their preferences, even if they are unable to communicate.

Nobody should be put in the situation where they are making a very important decision in a split-second during a crisis. —Mary Jo Heiberger

When end-of-life care conversations take place, family members don't have to guess what their loved one's preferences are when a crisis occurs. Instead, they can focus on just being present in the moment as a spouse, child, sibling or grandchild.



In 2014, the Society introduced the Gundersen Lutheran Respecting Choices training on advance care planning in post-acute/skilled nursing locations. The training assists employees in having these important and intensely personal conversations with residents and their families.

Prior to 2014, employees did not receive formal training and typically encouraged residents to talk with their physician about advance care planning.



CARE PLANNING IN HOME HEALTH

In July 2016, the Center for Medicare and Medicaid Innovation (CMMI) developed and implemented in nine states a new model for reimbursement called the Home Health Value-Based Payment Model. Nine Society agencies in four states are participating.

As part of the model, nurses document advance care plan data used by The Centers for Medicare and Medicaid Services (CMS) for future home health quality measures. Now, the data helps us know if there are more people with an advance care plan and a surrogate decision maker when they leave our care compared to when they first came into our care. Additionally, we can evaluate the thoroughness of the data by noting if they include preferences for medical, mental health/behavioral, cultural/social or spiritual/religious treatments.

Mary Jo Heiberger, manager of resident services, recognized an opportunity for Society employees to take the lead in these conversations and ensure they were being done with a person-centered approach.

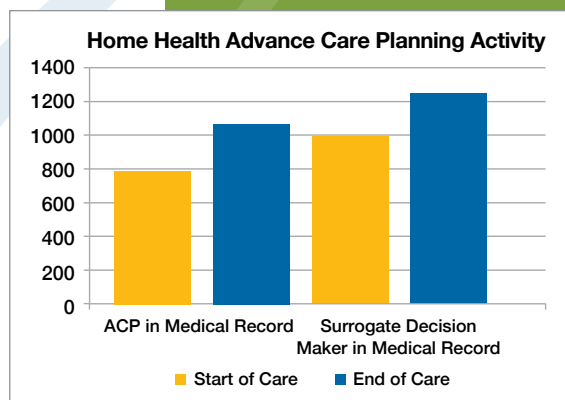
“My past work experience in emergency rooms helped me understand the importance of having a plan,” Mary Jo says. “Nobody should be put in the situation where they are making a very important decision in a split-second during a crisis.”

Mary Jo is leading the charge to equip post-acute/skilled nursing locations with at least one employee trained in Gundersen’s model. In just three years since implementation, Mary Jo has seen adoption of the model soar.

“Locations are glad about the change because now they can get involved,” Mary Jo says.

By the end of 2018, the goal is to have 100 percent of post-acute/skilled nursing locations with at least one employee trained in Gundersen’s model, but Mary Jo isn’t stopping there.

She plans to work with locations on getting two employees trained, and then will dive deeper into best practices for documenting the conversations. With these steps, advance care planning will continue to be an essential part of person-centered care at the Society.



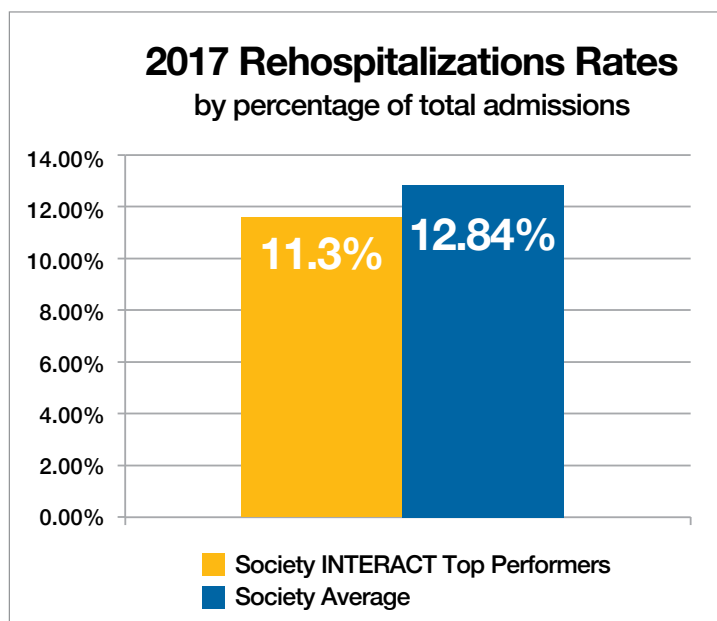
Priority 3 | Coordinating

INTERACT update

Sustaining a good habit can be hard to do, even when we know it is the right thing to do. Oftentimes, having data and numbers, like a step counter or digital scale helps us see the impact our good habits are having, and we may be more likely to do them.

The quality improvement program known as INTERACT provides standardized tools and strategies to help Society locations sustain good habits in managing acute changes in resident condition to prevent unnecessary rehospitalizations. In a review of 2017 rehospitalization data for all post-acute/skilled nursing locations, it was identified that locations consistently using INTERACT tools were more likely to have lower rehospitalization rates.

In the past five years, the Centers for Medicare and Medicaid Services has put special focus on reducing hospital readmissions within 30 days of being discharged to a post-acute/skilled nursing location from the hospital. In response, the Society and many other healthcare providers set goals for reducing avoidable rehospitalizations within this time frame.



In 2017, Society locations could access monthly reports that displayed rehospitalization rates plotted over time, which was a new way of looking at the data. Previously, this data was only available every few months. With this change in data presentation, locations could identify trends and patterns in 30-day rehospitalization performance more quickly and implement appropriate interventions before rates became alarming.



The Stop & Watch and Change in Condition Evaluation forms are two INTERACT tools that can be used before and after a transfer to the hospital. New reporting measures in 2017 have led to more awareness of how often these tools are being used, and the frequency of use can then be compared to the number of rehospitalizations per location. While certain emergency situations, such as accidents or heart attacks requiring immediate attention, may prevent employees from using the tools, it is likely the use of Stop & Watch and Change in Condition Evaluation forms will exceed the number of transfers.

In 2018, employees in post-acute/skilled nursing locations will continue to focus on preventing avoidable rehospitalizations through the timely recognition and response to changes in resident condition. Enhanced reporting of tool usage can serve as an encouragement for consistency and frequency in using INTERACT tools, and the Society will continue to learn from locations that have successfully managed avoidable rehospitalizations. With these improved tools and data, together we can build better habits!

PROACTIVE MONITORING FOR CLEAN WATER

While the term Legionella is likely unfamiliar to the general public, the small waterborne bacteria can become a major health risk when introduced to human-made water systems. In June 2017, the Centers for Medicare and Medicaid Services issued greater requirements for monitoring water systems in post-acute/skilled nursing settings nationwide to protect against this risk.

In fall 2017, the Society developed a robust plan to complete risk assessments at each post-acute/skilled nursing location. Once risks were identified, a diverse team of National Campus employees, along with an external vendor, collaborated with location leaders to implement a water management plan at each post-acute/skilled nursing location.

Throughout 2018, the team will continue working with locations to monitor water temperatures, test for residual growth and perform ongoing audits to ensure Society water systems remain free of Legionella and other opportunistic waterborne bacteria.

Priority 4 | Community

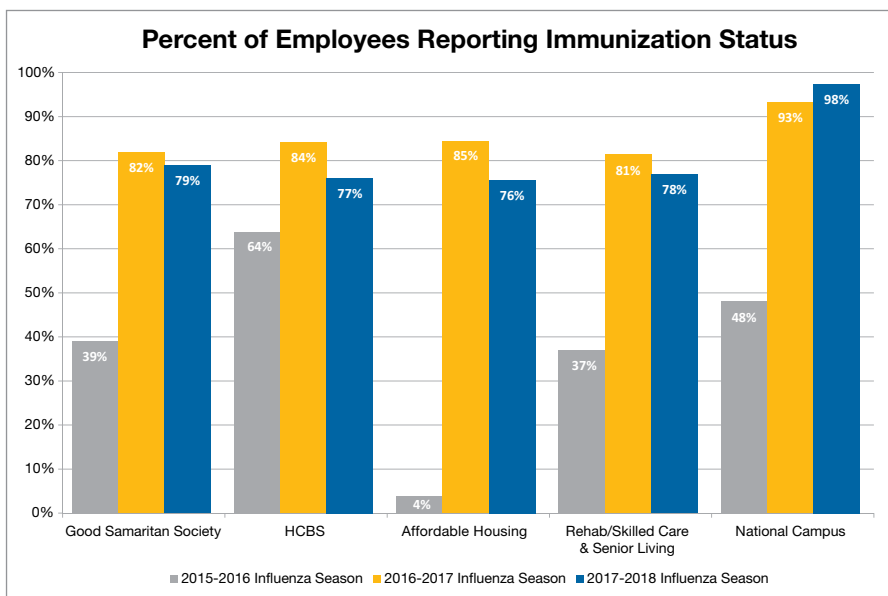
Vaccinations and the community

As the Good Samaritan Society seeks to provide quality and Christ-centered care, it is vital to have an aggressive approach to combating increasingly dangerous flu seasons. While numbers vary from year to year, it is not uncommon for half a million influenza-related hospitalizations to be reported in the U.S. in one year, many of which occur during peak flu season running from September through March.

It is no surprise adults age 65 and older are among the most susceptible to influenza-related hospitalizations and mortality. Underlying health conditions increase the risk of contracting the virus, so the very nature of our work at the Society challenges us to be leaders in influenza prevention in our communities.

Without vaccinations, location leaders likely would close their doors to school children during peak flu season to avoid one high-risk population being in close quarters with another.

Leaders at Society locations are up to the challenge. For most, this means implementing a zealous vaccination effort because a high vaccination rate for residents and employees is a strong predictor for low flu rates.



Good Samaritan Society—Superior in Superior, Nebraska, is one example of a location that has gone a step further. In addition to rolling out a robust vaccination plan on site for residents and employees, they are leading the community in prevention efforts.

In 2013, Good Samaritan Society—Superior received money from the Society's social accountability grant to help cover the cost of vaccinating

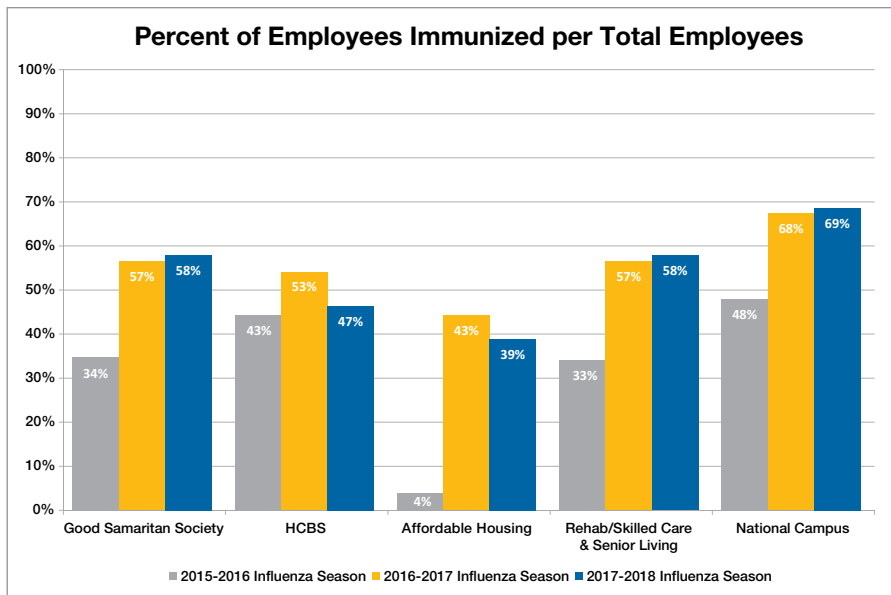
around 250 staff and students at Superior public school. While the grant funds covered just part of the cost, and for only one year, Good Samaritan Society–Superior continues to administer the flu shot each year at no cost to the school.

“There are a lot of kids who otherwise wouldn’t receive a flu shot,” says Jennifer Simpkins, infection prevention nurse at Good Samaritan Society–Superior. “We can cover the cost, and for lower-income families especially, that’s huge.”

Administrator Matthew Blum sees this as an opportunity to share God’s love in word and deed, not only to those directly connected with the Society, but to the greater community. He works it into the budget each year and believes it’s their calling to bear the cost of this social responsibility.

These measures done in tandem are crucial to maintaining low flu rates at the location. Students and teachers from the school visit the Society once a month to do activities with the residents. Without vaccinations, location leaders likely would close their doors to school children during peak flu season to avoid one high-risk population being in close quarters with another.

Outcomes at Good Samaritan Society–Superior during the 2017–2018 season were impressive, with just one reported case of influenza, and a vaccination rate of more than 90 percent for residents and employees. The number of Society locations achieving high employee vaccination rates continues to rise each year, and our top performers are recognized on the back page of this report. Congratulations and thank you for your dedication to your communities! The Society will continue to strive for outcomes like this in every location, and will lean full force into its responsibility to lead communities to healthier living.



Underlying health conditions increase the risk of contracting the virus, so the very nature of our work at the Society challenges us to be leaders in influenza prevention in our communities.

Priority 5 | Effective Practices

A tool for consumers

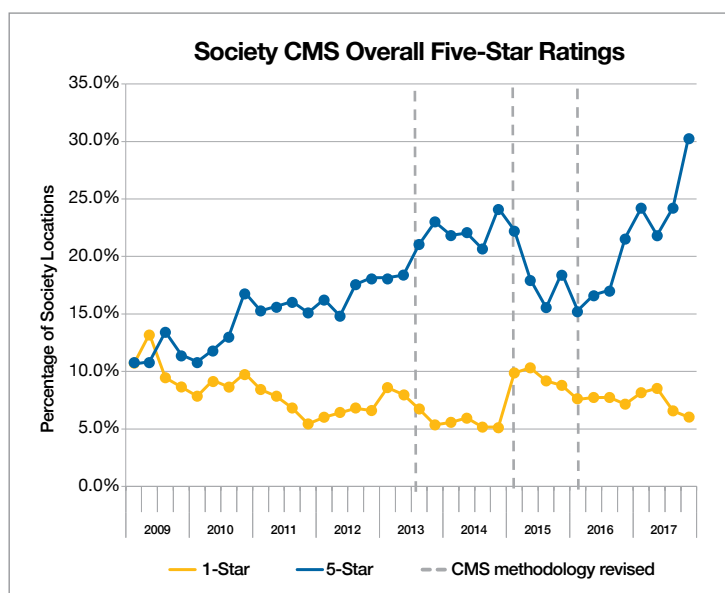
In December 2008, the Centers for Medicare and Medicaid Services (CMS) implemented the five-star rating system for post-acute/skilled nursing locations to help consumers and their families compare options. The rating measures overall performance, as well as specific performance categories including health surveys, staffing numbers and quality measures. The rating is now frequently referenced across the industry.

After the first surveys in 2009, less than 11 percent of Society post-acute/skilled nursing locations earned five stars in the overall category. Over the next eight years Society locations continuously improved, and by the end of 2017, more than 30 percent of all Society post-acute/skilled nursing locations earned an overall five-star distinction.

CMS ratings consider post-acute/skilled nursing locations with five-stars to have quality much above average and locations with one-star to have quality much below average.

Many feel the quality measures best reflect the customer experience, and the Society achieved significant improvements in this category. In the first quarter of 2009, less than four percent of Society post-acute/skilled nursing locations earned five stars in the quality measure category, but by the end of 2017, this rose to 42 percent. By the end of 2017, less than four percent were

rated as a one-star in quality measures, a decrease of 79 percent from early 2009!



Over the years, CMS modified the new system. New measures and methods of calculating measures were added, which made it more difficult to achieve a five-star rating. Nationally, the number of five-star centers decreased. The Society did not follow the national trend, and continued to improve and increase in the number of five-star ratings despite changes making it more difficult to do so.

Good Samaritan Society–Fairlawn Village in Gresham, Oregon, achieved an overall five-star rating every month of the year, and in May and June received five-star ratings in all individual categories. Location Administrator Dena Muraski, attributes this to full team involvement and intentional use of the Quality Assurance Performance Improvement (QAPI) processes. Fairlawn Village implemented the Society’s continuous survey readiness process (CSRP) and involves nursing employees in the completion of readiness audits. Every department leader asks their employees a QAPI or regulatory standard question during monthly department meetings. These “QAPI questions” help involve, educate and prepare all team members for the survey.

Dena also leads weekly data review and planning subcommittee meetings, going above and beyond the monthly meeting requirement. The team uses this time to review data and findings from the previous week’s CSRP activities and address any issues requiring follow-up.

Fairlawn Village is an all-star example of the commitment and dedication required to have successful outcomes during CMS survey periods. The continuous improvements seen in post-acute/skilled nursing locations Society-wide indicate our organization is full of teams who go all in for quality, and the results lead to the assurance that more of the people we serve are feeling loved, valued and at peace.



TOP PERFORMING FIVE-STAR LOCATIONS

Locations that achieved a CMS five-star overall rating in every month of 2017.

- Good Samaritan Society–Canistota
- Good Samaritan Society–Canton
- Good Samaritan Society–Fairfield Glade
- Good Samaritan Society–Fairlawn Village
- Good Samaritan Society–Fort Collins Village
- Good Samaritan Society–Howard Lake
- Good Samaritan Society–Lake Forest Village
- Good Samaritan Society–Maplewood
- Good Samaritan Society–Mesa Good Shepherd
- Good Samaritan Society–Mount Carroll
- Good Samaritan Society–Mountain View Manor
- Good Samaritan Society–Pipestone
- Good Samaritan Society–Postville
- Good Samaritan Society–St. Ansgar
- Good Samaritan Society–St. James
- Good Samaritan Society–Stillwater
- Good Samaritan Society–Superior
- Good Samaritan Society–Villisca
- Good Samaritan Society–Wolf Memorial
- Hildegard Health Center, Inc.
- Miller Pointe in Bismarck, ND
(a Prospera Community)

Priority 6 | Smarter Spending

Managing pharmacy costs without limiting choices

The rising cost of medications is alarming to consumers, the government and insurers. The Society is no exception. To combat this issue and keep our residents' best interests in mind, the Society has taken a novel approach to managing pharmacy costs while maintaining a high level of service.

Currently, the Society covers the cost of all prescription and over-the-counter medications during a rehabilitation stay. We knew a Pharmacy Benefit Manager (PBM) could decrease our pharmacy expenses.

Each location now has the freedom to select PharMerica, Omnicare or any pharmacy contracted with Navitus and know the drug pricing will be fair and consistent.

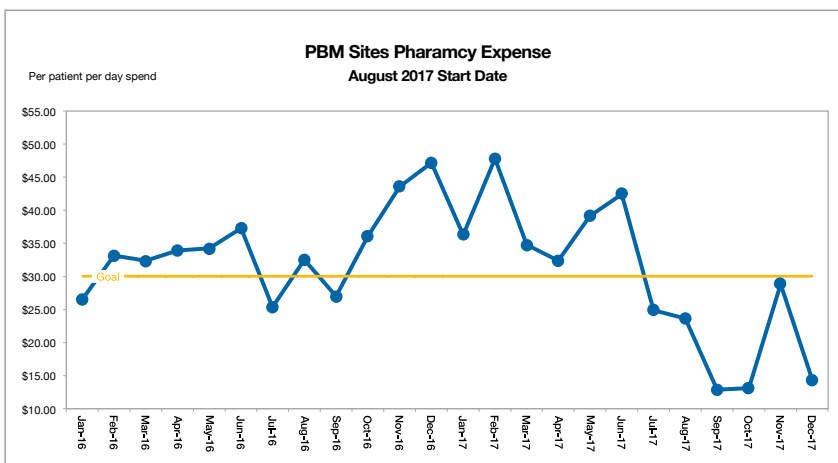
A PBM would help the Society better understand and control Medicare Part A and managed care medication utilization and spending. Additionally, the process would lead to a more centralized way of reporting important measures, which would both save time and reduce data inconsistency across the board. Under the leadership of the Society's first director of pharmacy services, a variety of PBMs were interviewed and carefully considered.

Navitus was ultimately selected to work with the Society on piloting the PBM program. Its commitment to full transparency set Navitus apart. They operate on a per claim fee system, which means when Navitus advises on medication selection, it is based 100 percent on the best interest of our

residents, and is not influenced by undisclosed agreements with drug manufacturers.

Once Navitus was selected, pilot work began at five Society post-acute/skilled nursing locations in August 2017. The results were astounding.

Savings far exceeded the projected 13 percent. Workflow impact for

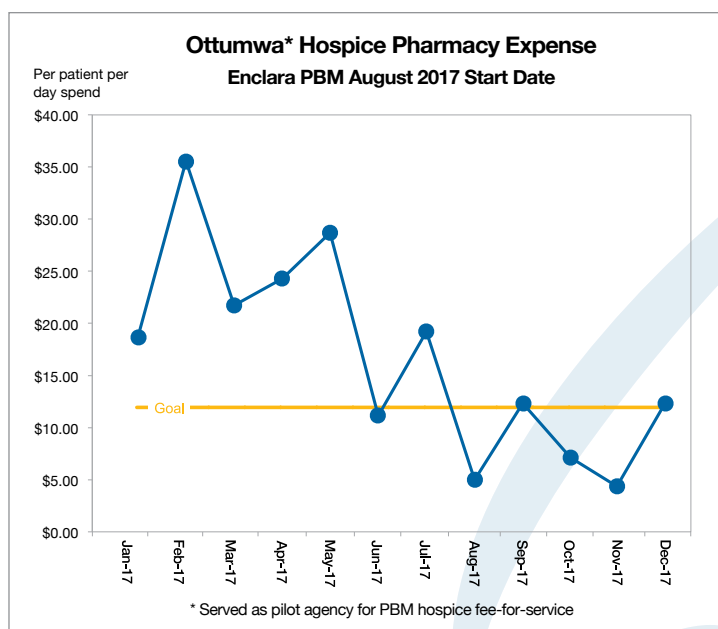


employees was reported as minimal to non-existent. Most importantly, the Society met a seemingly impossible goal of allowing nearly unlimited choice of pharmacies for location leadership, while also securing best-in-industry pricing. Based on the results, the project was approved for a full rollout to begin in April 2018.

Mega-pharmacies Omnicare and PharMerica have a strong and positive history with the Society, but were unable to sign on with Navitus. When the Society signed new contracts with both, pricing was brought to a level more in line with PBM pricing.

A potential roadblock turned into an added opportunity. Each location now has the freedom to select PharMerica, Omnicare or any pharmacy contracted with Navitus and know the drug pricing will be fair and consistent. Leadership can truly focus on partnering with the pharmacy that provides the best service to their location.

In addition to Society post-acute/skilled nursing locations, our hospice team has also partnered with Enclara and One Point, two hospice pharmacy benefit managers. By shifting from relationships with individual pharmacies to contracts with the pharmacy networks represented by these PBMs, we have maintained service and lowered costs at our hospice agencies.



AN EMR AS A TOOL FOR IMPROVING QUALITY

The Society made the decision in 2017 to begin implementing the electronic medical record, PointClickCare (PCC) in all Society post-acute/skilled nursing locations. Initial Society efforts focused on using PCC at the location level, but with time and experience, we are identifying more ways to use PCC as a tool for Society-wide quality improvements.

PCC allows us to:

- Monitor influenza vaccination rates and provide reports to location leaders comparing their performance to others in the Society, state and nation.
- Produce a daily report identifying use of Vitamin K, which serves as an antidote for the blood thinner, Warfarin; this “trigger” report can identify opportunities to improve safety.
- Begin early interventions and support ahead of possible influenza outbreaks based on daily reports displaying post-acute/skilled nursing locations’ orders for Tamiflu.

Vaccinations and the Community: Top Performing Locations

Celebrating locations that exceeded a 70 percent employee influenza vaccination rate in 2017.

Casa del Malpais	Good Samaritan Society–Home Care (Golden Valley, MN)	Good Samaritan Society–Scotland
Choice Hospice of Texas	Good Samaritan Society–Home Care (International Falls, MN)	Good Samaritan Society–Settlers' Trail
Creekside Apartments	Good Samaritan Society–Home Care (Moline, IL)	Good Samaritan Society–Simla
Echo Glen Apartments	Good Samaritan Society–Home Care (St. Peter, MN)	Good Samaritan Society–St. Croix Valley
Forest Heights	Good Samaritan Society–Home Care (Spirit Lake, IA)	Good Samaritan Society–St. Luke's
Golden Meadows	Good Samaritan Society–Home Care of Central Nebraska	Good Samaritan Society–Sunset View
Good Samaritan Foundation	Good Samaritan Society–Home Health of the Black Hills	Good Samaritan Society–The Village
Good Samaritan Society–Ambassador	Good Samaritan Society–Hospice	Good Samaritan Society–Timber Ridge
Good Samaritan Society–Barbour County	Good Samaritan Society–Indianola	Good Samaritan Society–Villisca
Good Samaritan Society–Bottineau	Good Samaritan Society–Jeffersontown	Good Samaritan Society–Wagner
Good Samaritan Society–Colorado Home Care	Good Samaritan Society–Larimore	Good Samaritan Society–Weiss Therapy Center
Good Samaritan Society–Comforcare	Good Samaritan Society–Las Cruces Village (Assisted Living)	Good Samaritan Society–Westbrook
Good Samaritan Society–Estes Park Village	Good Samaritan Society–Little Angels Childcare	Good Samaritan Society–Westview Acres
Good Samaritan Society–Eugene Arms	Good Samaritan Society–Loveland Village Care Companions	Good Samaritan Society–Wilde Ridge Estates
Good Samaritan Society–Evergreen Court	Good Samaritan Society–Manson	Good Samaritan Society–William and Antionette Swederskas Natatorium
Good Samaritan Society–Fairlawn Village	Good Samaritan Society–Miller	Good Samaritan Society–Wood River
Good Samaritan Society–Fargo	Good Samaritan Society–Morrison Residence	Hildegard Health Center, Inc
Good Samaritan Society–Fennimore	Good Samaritan Society–Newell	Marillac Manor*
Good Samaritan Society–Fit for Life Wellness Center	Good Samaritan Society–Northwest Kansas Home Care	Miller Pointe*
Good Samaritan Society–Four Corners Village (Cottonwood Senior Housing Apartments)	Good Samaritan Society–Parsons	Northport Apartments
Good Samaritan Society–Four Seasons Assisted Living	Good Samaritan Society–Pleasant View	Pendleton Apartments
Good Samaritan Society–Fox Run Senior Living	Good Samaritan Society–Prairie View Gardens	Prairie Estates
Good Samaritan Society–Geneseo Village	Good Samaritan Society–Prescott Village	River Town Heights
Good Samaritan Society–Grand Meadows Glen	Good Samaritan Society–Prophets Riverview	Salem Lutheran Homes and Rehabilitation Center
Good Samaritan Society–Hays (Garden Terrace Apartments)	Good Samaritan Society–Ravenna	Senior Companions of South Dakota
Good Samaritan Society–Heritage Meadows	Good Samaritan Society–Red Oak	St. Luke's Countryside Villa
Good Samaritan Society–Hillcrest Terrace	Good Samaritan Society–Rehabilitation and Wellness	Sunset Drive*
Good Samaritan Society–Holstein	Good Samaritan Society–Samaritan Springs	Sunset Fields
Good Samaritan Society–Home Care (Davenport, IA)		The Lodge of Mountain Lake
Good Samaritan Society–Home Care (Fargo, ND)		The Lodge of Winthrop



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