



2026

QUEST FOR EXCELLENCE



Acute Stroke Ready Designation

Providence Medical Center, Wayne, Nebraska



Background

- Every 40 seconds someone in the US has a stroke and every 3 minutes 14 seconds someone dies from a stroke in this country.* *<https://www.cdc.gov/stroke/data-research/facts-stats/index.html>
- PMC’s mission: To provide quality healthcare in the spirit of Christ.
- PMC is a 21-bed critical access hospital located in northeast Nebraska. Onsite CT & MRI; tele-neurology services; facility owned and operated EMS and transfer ambulance service.

Aims

- Improve stroke care by improving Stroke alert notifications, NIHSS completion and use of tele-neuro services for care by end of 2026.
- Become Acute Stroke Ready certified through Joint Commission and maintain that certification.

Measures

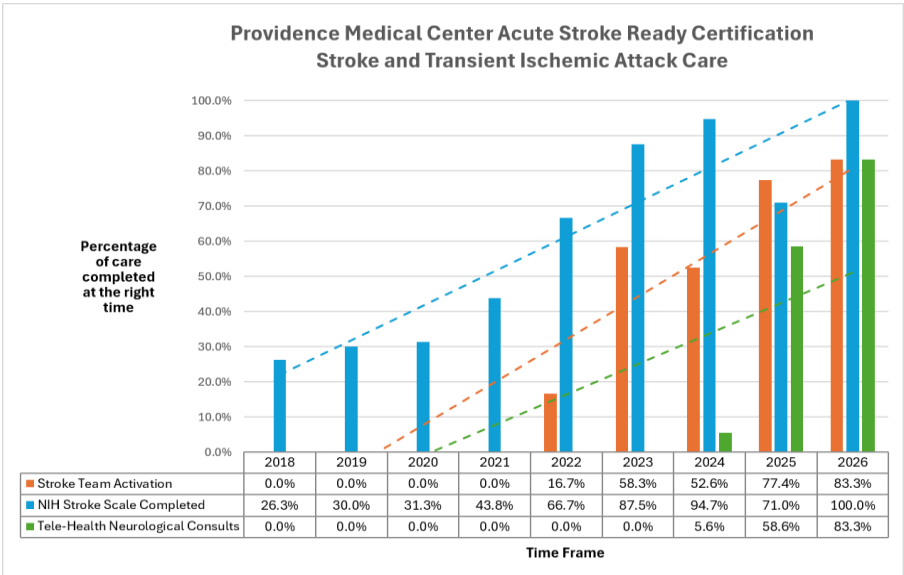
- Improve stroke and TIA care
 - Stroke team activation
 - NIHSS completed
 - Tele-neurology consults completed
- Acute Stroke Ready Certification & Re-certification

Plan

- Review of best practice guidelines and gap analysis for stroke and transient ischemic attack (TIA) care.
- Stroke alert process and documentation standardization.
- Review and streamline the intake and care of a stroke patient.
- Order set development and updates for emergency and inpatient stroke and TIA care.
- National Institutes of Health stroke scale (NIHSS) education and standardization.
- Process for use of tele-neurology services.
- Education for staff, our medical team, EMS and our community.
- Joint Commission acute stroke ready certification

Results

Sharp increases in all 3 measures over the last 3-5 years has contributed to the quality and timeliness of care for our stroke and TIA patients.



A Stroke Story

23 years ago my father had a stroke and was brought to PMC for care.



LEFT: My dad just weeks before his stroke, standing by a tree planted to celebrate the first grandchild.

RIGHT: Father's day 2026, the same tree, my dad, his son, the first grandchild, now grown, holding his first child (the first great grandchild).



Stroke changes lives in an instant, but with prompt recognition and treatment lives can go on. Quality stroke care can keep the quality in lives.

Next Steps

- Continued Joint Commission certification
- Improved EMS and community education
- Strategic plan: Stroke patient retention and program growth by increasing stroke care provided at PMC, both acute and skilled.

Team

Stroke Committee





QUEST FOR EXCELLENCE

Statement of Purpose



The Quest for Excellence (QFE) Award **recognizes outstanding efforts to improve hospital and clinic quality and patient care** for the people of the State of Nebraska. The award represents the highest level of professional acknowledgement in Nebraska's hospital and clinic quality improvement arena.



The goal of the award is to:

- ➊ Recognize outcomes in quality performance practices, capabilities, and results.
- ➋ Facilitate communication and sharing of best practices information among hospitals and clinics in Nebraska.
- ➌ Stimulate innovation, knowledge and learning in the creation of strategies, systems, and methods of achieving quality excellence in health care.



Improving Stroke Identification & Treatment Through Tele-Neurology & Education

Memorial Community Hospital, Critical Access Hospital, Blair, NE



Background

- Stroke is a time-sensitive medical emergency where rapid recognition, imaging, specialist consultation, and treatment significantly impact patient outcomes.
- As a 25 bed, Critical Access Hospital, MCH identified opportunities to improve consistency in stroke assessment and access to neurology expertise. Variation in processes, provider comfort with thrombolytic therapy, and limited specialty availability created opportunities for improvement.



Aims

- Develop a standardized, reliable stroke response process that improves early identification, timely treatment, and access to neurology expertise for patient presenting with stroke symptoms.

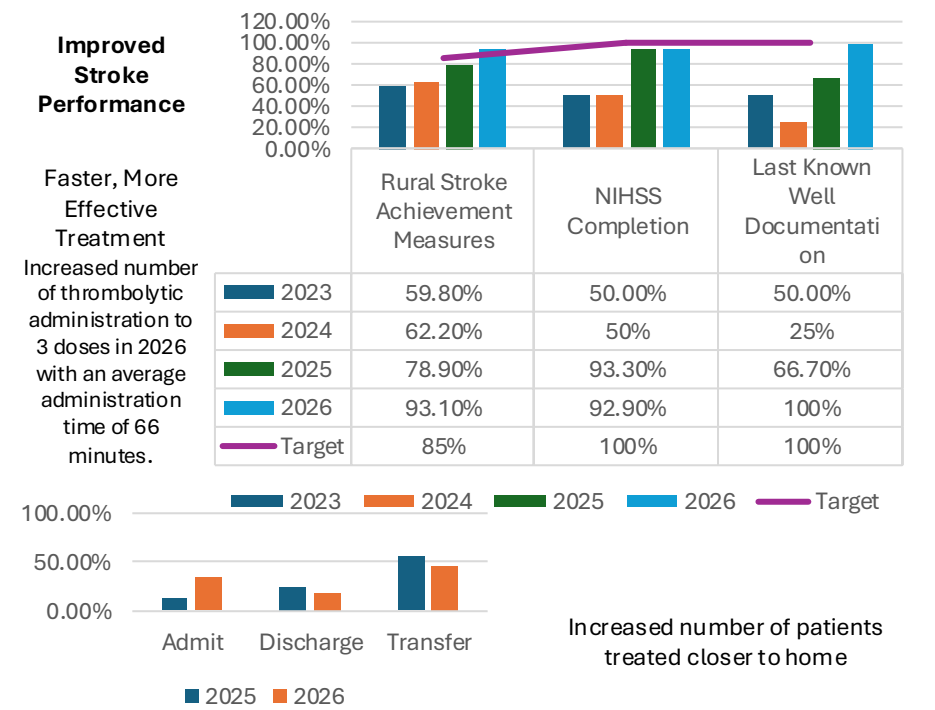
Plan

- Using a Plan-Do-Study-Act (PDSA) and LEAN framework, MCH implemented several key interventions:
- January 2026: Tele-Neurology Launch**
 - Implemented Tele-Neurology through Tele Specialist
 - Expanded access to real-time neurology consultation
 - Education & Competency**
 - Mandatory stroke education for ED and Inpatient staff
 - 100% NIHSS competency completion
 - EMS education focused on:
 - B.E.F.A.S.T.
 - Last Known Well documentation
 - Pre-arrival communication
 - Process Standardization**
 - Updated stroke algorithms
 - Implemented stroke-specific documentation
 - Mock stroke drills and interdisciplinary debriefs

Measure

- | Process Measures | Outcome Measures |
|---|--|
| NIHSS and Last Known Well documentation | TNK administration frequency |
| Tele-Neurology consultation usage | Stroke/TIA admissions versus transfers |
| Staff and EMS education | Get With the Guideline-Stroke achievements |
| Stroke alert debrief | |

Results



Next Steps

- Sustain Tele-Neurology program
- Continue GWTG-Stroke participation and benchmarking
- Continue EMS engagement and community education
- Expand use of REAL data
- Further reduce imaging and treatment timelines

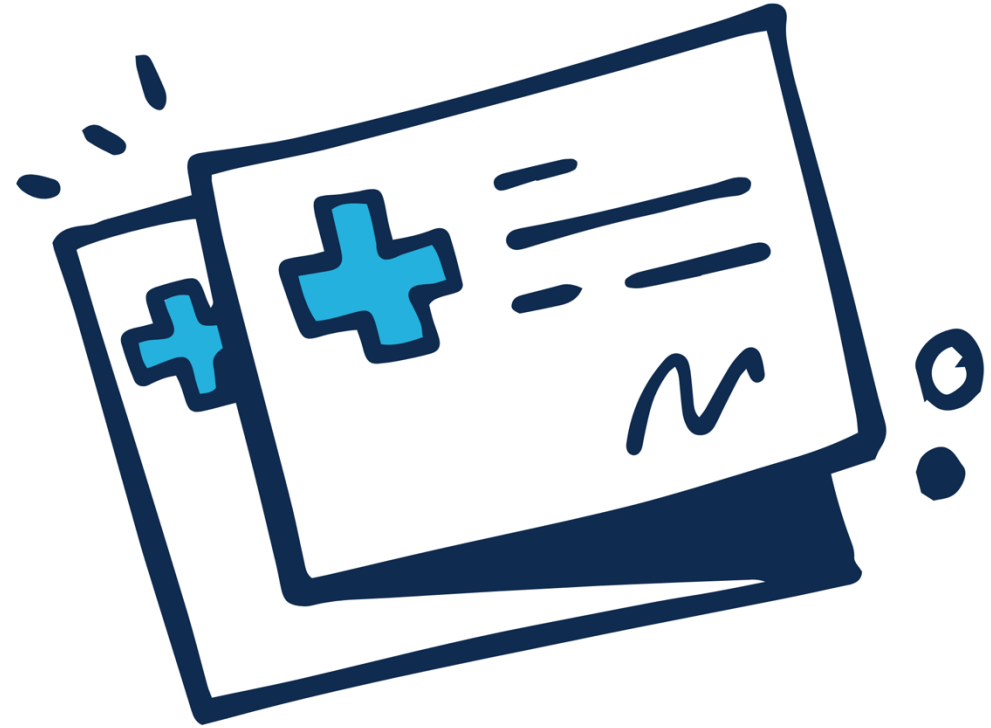
Team

Memorial Community Hospital’s Emergency Department, Inpatient, Pharmacy, Radiology, Respiratory, and Laboratory Teams



Five **PRIORITY AREAS**

- ① Leadership & Planning
- ② Process of Identifying Need
- ③ Process Improvement Methods
- ④ Results
- ⑤ Lessons Learned, Replicability, Sustainability



Community-Integrated Physician Led Lifestyle Medicine Program

Kimball Health Services, Kimball NE



Background

- Primarily elderly population with increased chronic disease burden.
- 43.8% Obesity Rate exceeds the state and national average.
- Rural barriers including limited transportation, wellness programming and reduced preventative care.



Plan

Morning Brew – A physician led monthly community conversation focused on prevention, wellness, and lifestyle medicine.

Full Plate Living – Evidence based education supporting increased consumption of fiber-rich whole foods as a strategy for reducing chronic disease risk and improving overall health outcomes.



Results

- Full Plate Living survey results demonstrated exceptionally high participant satisfaction.
- 100% of participants reported useful information and improved understanding of healthy eating.
- Interaction with Dr. Bush, peer discussion, food sampling, and practical education as the program's most valuable features.

Next Steps

- Continue offering programming.
- Awarded a \$10,000 grant to create a senior exercise program with local senior center.
- Sustain partnerships with outside organizations

Aims

Kimball Health Services mission is to improve community health through prevention, education and engagement supporting the vision of healthier rural communities through innovative care delivery.

Measure

- Morning Brew generated 146 patient encounters addressing topics of advance care planning, physical activity, dementia, and vaccination.
- Full Plate Living participation increased by 173% between cohorts.

Team

- Trevor Bush MD
- Kerry Ferguson and Nicole Snyder Public Relations and Community Outreach
 - Interdisciplinary KHS staff

HOW TO APPLY

Quest for Excellence 2027



Request for Applications is open
March 1 – August 1



quality@nebraskahospitals.org



nebraskahospitals.org



[@nebraskahospitals](https://www.linkedin.com/company/nebraskahospitals)

Saving Lives by Initiating Prehospital Blood Products

Regional West Medical Center, Scottsbluff, NE



Background

RWMC is a 188-bed acute care hospital and a regional referral center with a 15-bed emergency department serving communities in rural western Nebraska with a 110-mile air radius and 17,000 square mile ground service area of coverage leading to transport times of up to 80 minutes from call to arrival to hospital. Additional assets include a hospital owned community ground EMS service, a fixed and rotor wing air ambulance service, as well as an independent community donor center.

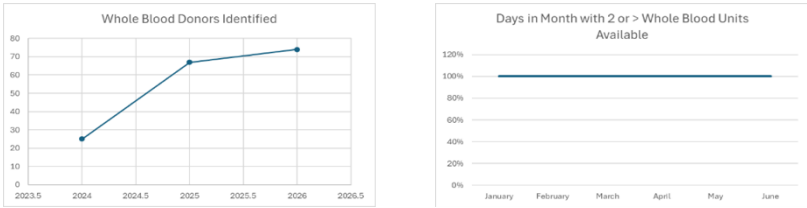
Latest evidence-based literature supports superiority of blood products over crystalloids for acute hemorrhage and the criticality of early administration with trials noting a 2% increase in mortality with every 1-minute delay. The goal of our project is to reduce time to blood administration by providing blood in the prehospital setting.

Aims

- Reduce burden of geographical healthcare disparity by having blood product available 100% of the time for EMS teams starting 7/1/2024.
- Offer whole blood as an available product for both pre-hospital and hospital patients with a 2-unit par level per day by 7/1/2024.

Plan

- Initial plan was development of a quick release process for prehospital teams to obtain blood products; through continued revision / process improvement, EMS locations now have an in-station cooler / product inventory allowing for 100% availability.
- Protocol development for criteria for use and risk / harm mitigation strategy when O+ blood is administered to pediatric and female patients of reproductive age.
- Staff training, ongoing education, and competency verification.
- 100% case review to ensure appropriate utilization.
- Obtained FDA approval for whole blood collection, ongoing identification of low titer donors, maintenance of initial 2, now 4-unit par levels of whole blood.



Measure

- Percentage of time blood product is available to ground and air EMS crew.
- Maintaining supply and demand needs by monitoring monthly collection vs utilization of whole blood.

Blood Utilization Committee

Emergency Department: Troy Dean, MD (Emergency Medicine), Alice Fillingham FNP-C (ED Director)
Air Ambulance: Tracy Meyer RN (Chief Flight Nurse)
Ground Ambulance: Robby Rhembrandt NRP
Laboratory Services: Julie Dahlinger MLS (blood / donor center), Kelly Ramirez HT (Lab Director), Marissa Nunnes (Lead donor Phlebotomist), Randy Williams, MD Pathologist (Medical Director)
C-Suite Representation: Margo Ferguson MT, MSOM, CPHQ (Chief Quality Officer), Marisa Nicol, RN (Executive Director Emergency Services),
Trauma Services: Susan Wilson, RN
OR: Lucrecia Spady, RN (OR director), Jeffrey Holloway, MD (trauma surgeon), Wendy Williams, MD (Anesthesiologist)
Obstetrics: Kynzie Leftner, RN (OB Director), Wendy Reeves, MD (Obstetrician)
Medicine: Serozan Amroliwalla, MD (Chief of Medicine), Caleb Wilson, MD (Hospitalist / CMIO)

Results

- 100% of the time blood product was available for prehospital EMS.
- Blood requested 189 times based on severity of mechanism of injury / illness.
- Blood administered 34 times prehospital.
- Average flight time when blood was administered from patient contact to arrival to hospital is 72 minutes.
- Average ground EMS transport time from initiation of blood administration until arrival at hospital is 14.5 minutes.

July 2024	Whole Blood Initial Availability 2 units available to Emergency Department and Operating Room	56 units collected	12 units transfused
2025	Expansion of whole blood to prehospital	75 units collected	34 units transfused
2026	Expansion of use for ground EMS Addition of secondary EMS site for whole blood storage. Goal from 2 units available on shelf to 4	51 units collected	12 units transfused

Next Steps

- Continue to recruit, identify, and maintain whole blood supply.
- Ongoing quality control.
- Acquire product refrigerator for emergency department.
- Electronic health record abilities to reclassify whole blood into individual components.



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Nebraska Association for Healthcare
Quality, Risk and Safety

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES
OFFICE OF RURAL HEALTH





Reigniting a Just & Psychologically Safe Culture for Event Reporting

Saunders Medical Center | Wahoo, Nebraska

Capstone Quality Improvement Project



BACKGROUND

- 16-bed Critical Access Hospital in a rural community, including Rural Health Clinic and Long-Term Care
- 2023 survey showed 46% of employees agreed that SMC management is proactive about patient safety
- Became part of our Strategic Plan
- Focus on proactive safety behaviors, transparent communication, and learning from our errors



AIMS

Improve our culture of safety by strengthening leaders' focus on patient safety before adverse events occur.



The aim of this project is to improve survey score on the statement "SMC management is proactive about patient safety" by 10% in 3 years.



Increase survey score in the next safety survey



Increase the number of near misses reported per year



PLAN



Educate on TeamSTEPS® tools and Just Culture



Create an environment of psychological safety



Utilize "TeamSTEPS® Tool of the Quarter"



Leaders foster psychological safety through rounding, asking open questions, and following up visibly on concerns



Encourage reporting of near misses and "great catches"



RESULTS



Increase in near misses / great catch reports over past 2 years

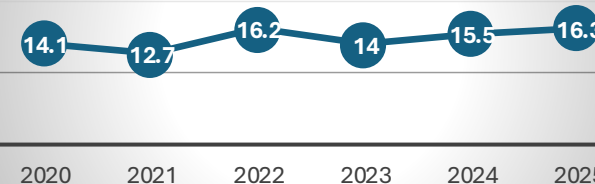


Improved engagement and communication across departments



2026 survey, 84% feel management is proactive about patient safety.

Near Miss % reporting



Saunders
MEDICAL CENTER

Be Well.

Quality Team

Tracy Gatewood,
Denise Sabatka RN CPHQ, and
Jessica Trutna RN CIC



MEASURES

MEASURE	BASELINE	CURRENT
Near Miss Reports	14.0%	16.3%
Great Catch Reports	N/A	Increased
Survey Score	46%	84%



NEXT STEPS

- Review results of the 2026 safety survey
- Leaders model behaviors, coach staff, and monitor progress through feedback and surveys
- Standardize practices, share lessons learned, and refine strategies using data for continuous improvement
- Continue to support a just culture and a safe space to speak up and report



EVERY VOICE MATTERS. EVERY REPORT COUNTS. EVERY PATIENT BENEFITS.

TEAM
STEPS



Leadership



Communication



Situation Monitoring



Mutual Support