

Spring 2014



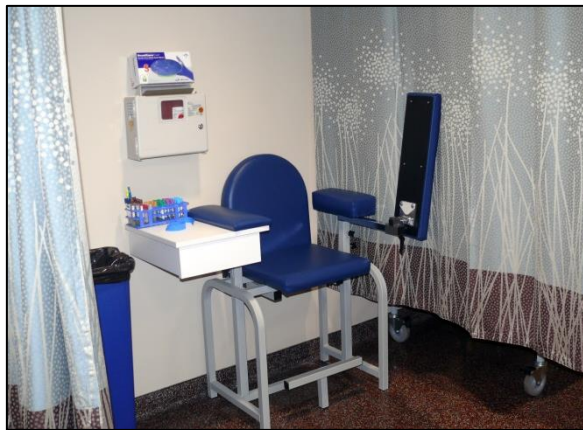
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GCGH Opens New Lab Area

[Greene County General Hospital](#)'s newly remodeled lab is now open and serving patients more efficiently and effectively than ever before. Laboratory Manager Brandi Cox said the new area – complete with three drawing stations and an infant drawing station – is considerably larger than their previous area. “We have two new draw chairs. Both are elevated, making it easier for patients to get up and out,” Cox explained.



One of the new chairs is a bariatric chair, which can accommodate adults or a parent and child (over 50 pounds) together. “We are also able to utilize our reclining chair for patients prone to passing out. In the past we were limited to such a small space, we were not able to utilize it as effectively,” Cox said.



The new infant draw station will allow staff to more effectively and safely work with children up to 50 lbs. “It is a small table that can be moved for convenience of the staff and family. Parents can stay close by without being forced to ‘hold’ the child, and staff can work from multiple locations around the table,” Cox said.

The new lab boasts a handicap accessible restroom, something that wasn't available in their old space. “The restroom is equipped with a nurse call system for increased patient safety. If the patient pulls the cord for help, an alarm will sound in the draw room, reception room, main lab and ER, ensuring help is on the way,” Cox said.

The nurse call system is also being utilized in case of an emergency within the outpatient or main lab areas. “It (nurse call system) is helping to increase productivity, as the ER staff are able to utilize it to notify lab staff that specimens need collected or are ready for pick-up,” Cox said.

With the new lab comes a new waiting area. “The new waiting area is wonderful. Patients now have a true waiting room, instead of chairs lining the hallway,” Cox said. “Patients have televisions in both the waiting room and the draw room, simply creating a more relaxed atmosphere and hopefully making the entire process a little easier.”

Greene County General Hospital's lab is staffed to provide service around the clock for inpatients and those in the Emergency Department. Outpatient hours are: 7am to 8pm Monday-Friday; 7am to 2pm Saturday and 7am to noon Sunday.

The lab provides a plethora of services, including:

- Numerous tests for routine chemistry such as blood glucose, lipid profiles for cholesterol monitoring, therapeutic drug monitoring (digoxin, phenytoin, theophylline, antibiotic level monitoring - gentamicin, tobramycin and vancomycin)
- Special chemistry such as PSA, Vitamin D, glycohemoglobin A1C, thyroid monitoring (TSH, T4 thyroxine, Free T4), anemia monitoring (vitamin B12, ferritin and folate)
- Blood banking
- Hematology-providing complete blood cell (CBC) analysis
- Urinalysis
- Microbiology
- Coagulation/anti-coagulation therapy monitoring (such as Prothrombin Time [PT/INR])
- Immunology (strep screens, flu and RSV tests, pregnancy testing, ANA screens to evaluate for auto-antibodies)



"We routinely accept specimens from home healthcare agencies throughout the area, as well as our local nursing home facilities. We have numerous physicians throughout the state, even some across the country, who fax orders for their patients. This gives patients the ability to stay close to home while completing lab work for follow-up care and routine medications monitoring between out of town visits," Cox said. For any tests that aren't available in house, the facility utilizes Lab Corp, formerly Med Lab of Terre Haute as their reference lab.

Family Credits Staff's Quick Response for Saving Daughter

By Halea Franklin, Greene County General Hospital

"Mom, I'm dying. Get me to the hospital."

Those are words no mother ever wants to hear. Those words were uttered by Olivia "Livi" Wilson on Oct. 13. Livi had been battling a fever, as had her older brother. Her temperature rapidly climbed from 102 degrees to 105.5 degrees. Her mother, Jennifer, was preparing to immerse her in cool bath to lower her temperature when Livi spoke the words that will likely haunt Jennifer forever.

Jennifer rushed Livi to [Greene County General Hospital's](#) Emergency Department. Livi remained conscious during the trip to the hospital and even walked into the facility before passing out at the registration desk. Luckily, Connie Bedwell, a Registered Nurse in the emergency department, was there with a wheelchair and caught her before she fell to the ground.

Livi doesn't remember anything from that day. In fact, she doesn't remember anything until after she was discharged from the intensive care unit at Riley Children's Hospital.

At Greene County General Hospital, Livi was immediately taken into the emergency department where staff members started caring for her. While staff tended to her, a call was made to arrange for air transport to Riley Children's Hospital in Indianapolis. While in the emergency department, Livi started having seizures and began vomiting. Her temperature spiked yet again – to 107 degrees this time. Ice packs were placed around her to lower her temperature and fever reducing medication was administered.



Jennifer, Livi, and Jeff Wilson are pictured above with Radiology Tech Gina Fish and Emergency Department Registered Nurse Jaqui Suthard. Fish and Suthard were two of several employees who cared for Livi and her family.

"I'm a former med tech, and I was terrified by what they were saying," her father, Jeff, said. The Wilson's feared their daughter's time on earth was slipping away. Even as nurses worked on Livi, they encouraged Jeff and Jennifer to stay close by her side. "I appreciated it that they didn't push us out. The staff encouraged us to continue talking to her," Jeff recalled.

Livi was airlifted to Riley where she spent a week undergoing numerous tests. For two days, she was on a ventilator. "They ran every test possible," Jennifer said, noting a cause for the fever and related complications was never determined.

Jeff and Jennifer credit the quick action of staff for saving their daughter's life. "She wouldn't have lived to make it anywhere else. She was minutes from death. I'm thankful they (staff) were there. They saved her life," Jeff said. Jennifer added, "I've had people say 'I wouldn't take my kids there.' If I hadn't taken her there, she wouldn't be here." Jeff shared a saying he uses, "Familiarity breeds contempt, which basically means people take familiar things for granted." Greene County General Hospital is something the Wilsons will never take for granted.

This is a post Jeff made on his Facebook page the day Livi returned home. He tagged the hospital's Facebook page in the post. "I would like to take this time to personally thank Greene County General Hospital. The Emergency Department staff was phenomenal last Sunday evening. I don't know all of you, but I hope you all have a chance to see this. Livi arrived mere moments from death and thanks to their efforts, I was able to bring her home today after a weeklong stay at Riley. I have absolutely no doubt that I would have buried my daughter without their intervention. I'm sure you've all heard people say less than flattering things about our local hospital, but they forever have my respect and in the future, I will absolutely defend them when the topic comes up. I've heard many people say 'I would never take my child there!' Thank God Jennifer didn't have that attitude! Livi wouldn't have survived the trip to any other facility. GCGH was absolutely the correct choice and saved my daughter's life. THANK YOU! THANK YOU! THANK YOU!"

While at Greene County General Hospital, staff members cared not only for Livi, but her family members as well. Upon arrival at the Emergency Department, Jeff and Jennifer left their youngest child in the waiting room until family members arrived. Undoubtedly scared and alone, Jovie sat in the waiting room while staff were working to save her sister's life. That's when Sally Moore, a patient representative in the registration department, came in. She took it upon herself to care for Jovie – she handed over her personal iPad for the youngster to play with. She even provided her with a drink and snack.

Before departing on a long drive to Indianapolis, Gina Fish, an employee of the radiology department, provided Jeff and Jennifer with drinks for the road. Those gestures of kindness during a great time of need will forever hold a place in the hearts of the Wilson family.

Rush Memorial Attends AHA Rural Health Conference in Phoenix



[Rush Memorial Hospital's](#) CEO, Brad Smith, and Lead Quality & Safety Programs Liaison, Deb Hummel, attended the 2014 American Hospital Association Health Forum Rural Health Care Leadership Conference in Phoenix, AZ, as part of a Harm Across the Board patient safety poster presentation session. RMH was one of only eleven hospitals chosen nationwide to participate, and one of three hospitals chosen from Indiana. The hospital participates in the Partnership for Patients program as part of the IHA Hospital Engagement Network, the Coalition for Care, and has achieved zero harms for all applicable categories except readmissions.



New Initiatives at DCMH Focus on Patient Safety and Satisfaction

The National Patient Safety Foundation (NPSF) has declared March 2 to 8, “Patient Safety Awareness Week.”



Decatur County
Memorial Hospital
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According to NPSF’s website, the event is an “annual education and awareness campaign for healthcare safety,” designed to create awareness in the communities served by hospitals both within the United States and around the world.

At local hospital [Decatur County Memorial](#) (DCMH), vice president of patient care Diane McKinney told the Daily News the hospital isn’t holding special events or doing anything out of the ordinary to observe patient safety awareness. In McKinney’s view, no one week of any given year at DCMH can be singled out as being more important for patient safety than any other. “Every week is patient safety week,” she said. According to McKinney, DCMH has “all kinds of initiatives and processes in place to insure that [patient] care is safe.”

The hospital, she explained, works through a partnership with the Indiana Hospital Association (IHA), which supplies DCMH with a Federal grant to focus on 10 key areas of patient safety. Those areas include the prevention of hospital-developed infections, DVT (deep vein thrombosis – a specific, serious type of blood clot) prevention, adverse-drug-event prevention, patient-fall prevention and pressure-ulcer prevention (which are caused when a patient lays or sits in one position too long). The 10 IHA key focus areas also include an obstetrics-related (the OB of OB/GYN) emphasis on preventing early-elective deliveries in women less than 39 weeks pregnant. The 39-week guideline arose from data compiled by the March of Dimes, McKinney explained, which find that, between weeks 36 and 39 weeks of a pregnancy, a baby’s brain undergoes major development.

Teams at DCMH are assigned to address specific measures related to each one of the topic areas, McKinney continued. “And we also have other initiatives in place to make sure that communication with patients and families is optimized,” she added.

DCMH Marketing and Communications Manager, Lynzee McDowell, for instance, is working on corridor signs that direct hospital visitors and patients to the proper areas. With the community working to adjust to the new floor layouts implemented by the September opening of DCMH’s Medical/Surgical building, those signs are particularly important at the moment.

The hospital’s main entrance, for example, is no longer located on the facility’s west side (colloquially known as “the gift shop entrance”), but is now on the north side, McKinney said.

Another change DCMH has recently instituted to address patient safety is a procedure known as a “bedside shift report.” According to McKinney, the procedure is fairly self-explanatory; it involves the nurse just finishing a shift holding a sort of mini-conference with her replacement at each patient’s bedside.

A bedside shift report is beneficial in a couple ways, McKinney explained. For one, it facilitates direct communication between the patient’s healthcare providers on the floor, leading to fewer opportunities for mistakes. More importantly, perhaps, a bedside shift report directly involves the patient in his or her own care every time there’s a shift change.

Each time a shift change occurs, McKinney stressed, the outgoing and ingoing nurses are required to confer at the patient’s bedside.

“Our focus is always patient safety – communicating with our patients and our community members,” McKinney said. “I’m confident we’re doing a good job focusing on that on a day-to-day basis.”

Expanded Board Guides DCMH

[Decatur County Memorial Hospital](#) (DCMH) has responded proactively to the transitions in healthcare by expanding its Board of Trustees to meet the changing needs. Thursday evening marked the first official meeting for the newly expanded DCMH Board.



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In the fall of 2013, long-time board members, Toni Collins and Tim Nobbe announced their retirement from the Hospital Board and they served in their final meetings last month. Over a combined 30+ years of service Collins and Nobbe helped guide significant changes, including multiple building projects, service enhancements, national and state recognitions and many more positive initiatives for the Hospital. Many on the DCMH team have expressed appreciation for their decades of leadership and involvement.

“The expectations for a Hospital Board of Trustees and their governance have grown exponentially over the years,” commented DCMH President and CEO, Linda Simmons. “Expanding regulations, the changing environment and additional committees have increased demands on the time of our Board. As a result, they recognized the need to involve individuals from the community with diverse backgrounds and resources who could help with these additional responsibilities.”

The DCMH Board approached the Decatur County Commissioners regarding the expanded roles and made the recommendation to increase the size of the governing body from seven to nine total members as allowed by Indiana statute. Once approved, the replacement of Nobbe and Collins required that four new members be appointed by the Commissioners. The Board conducted an extensive search process for those to be recommended to the County for appointment and as a result, seven names were presented for consideration.

The new members of the DCMH Board of Trustees appointed by the Commissioners were:



*Darren Evans,
VP/General Manager
MEMS Group, Hill-Rom*



*Laura Johnson,
Kindergarten Teacher,
South Decatur
Elementary*



*Carrie Stapp,
VP/Director of
Marketing, MainSource
Financial Group*



*Steve Stringer, CPA/Tax
Manager, Blue & Co.,
LLC*

Dr. Jennifer Fletcher, Tree City Medical Partners, was elected Medical Chief of Staff at the end of 2013 and replaced Dr. Noel Mungcal who had served for two years. Existing members continuing their service on the DCMH Board of Trustees include John Corya, Reuben Kissel, Dr. Mary McCullough, and Scott Simmonds.

The new Hospital Board of Trustees started their chapter on Thursday with a team diverse in age, gender and occupations, ranging from marketing to teaching, accounting, law and farming. They remain proactive in meeting the needs of the community by insuring DCMH is responsive and connected to the community, keeping patients, community members and hospital employees' best interests in mind.

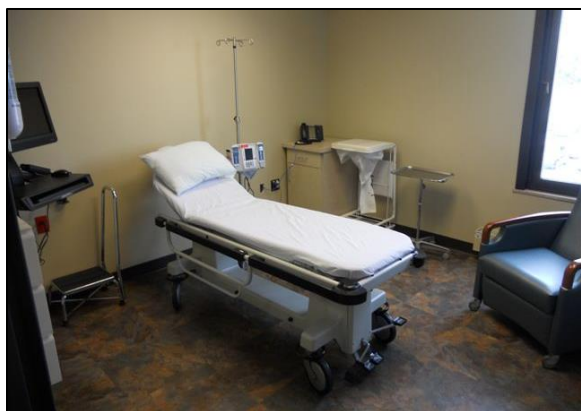
Jay County Hospital Wound Clinic

[Jay County Hospital](#) recently opened a Wound Clinic for the treatment of acute and chronic non-healing wounds. The trained nursing staff is Wound Care Certified through National Alliance of Wound Care, a nationally recognized Wound Care training program.



JayCounty
HOSPITAL
Quality Care By Those Who Care

The clinic is set-up as a physician-referred outpatient clinic. The patient's healthcare provider will contact the Clinic and provide information about the wound needing treatment and the patient's history. Our staff will perform the pre-certifications for insurance purposes and then contact the patient to set-up appointment times at the convenience of the patient.



The patient will then come to the clinic for an evaluation. Dr. Herman Burgermeister, Wound Clinic medical director, and a certified nurse will assess the wound. A call to their provider will be made to obtain orders for the dressing procedure to be utilized including how to clean the wound, dress the wound and when to reassess the wound. Our staff will stay in contact with the provider's office to report any changes, and as the patient's wound progresses the dressing requirements for that wound will change and new orders will be obtained.

A relationship with Kaup Pharmacy has been established for at home supplies that will allow the patient or family member to change the dressings at home and decrease the need to travel to the clinic for dressing changes. The Wound Clinic is located on the second floor of the hospital and will operate Monday – Friday 8:00am – 4:30pm.

Jay County Hospital Welcomes Tracy Laux, FNP

[Jay County Hospital](#) would like to welcome Tracy M. Laux, FNP to the Jay Community Health Partners and West Jay Clinic team. "One of the most important things Jay County Hospital can do to support our mission of



improving the health of Jay County residents is to ensure that Jay County residents have access to the very best clinicians for their healthcare. With that, I'm proud to welcome Tracy Laux to the Jay County Hospital team of providers. Tracy will be a great addition to the JCHP and West Jay offices and will be an excellent resource allowing Jay County residents to have world class care close to home" said Dave Hyatt, CEO of Jay County Hospital.

Tracy, a resident of Portland with her husband Philip, received her Bachelor's degree in nursing from Wright State University in Dayton, Ohio and her Master-FNP degree from Ball State University in Muncie. She previously worked at IU Health Ball Memorial Hospital as a Registered Nurse for 7 years. Tracy joins Dr. Eric Betts and Nurse Practitioner Brenda DeArmond at Jay Community Health Partners and West Jay Clinic in providing world class healthcare to the residents of Jay County.

"What really makes me happy and excited to be working at JCHP & WJC are the people," says Laux, "Everyone is so nice and welcoming! I can already tell how much everyone loves their job. This makes me feel blessed to be able to work with all these great and caring people. Our patients are fortunate to be served so kindly."



Jay County Hospital's New PET-CT System

[Jay County Hospital](#) has introduced a new, state-of-the-art detection and diagnostic service to patients and physicians in the Jay County area in conjunction with Shared Medical Services of Cottage Grove, WI. The PET-CT System will be available beginning Friday, February 14, on an every other Friday morning schedule. This new PET-CT scanner is being used to help diagnose cancer and other diseases. The scanner is a one-two punch of technology that provides great sensitivity in detecting and locating abnormalities in tissue throughout the body.



PET, or positron emission tomography, uses radioactive glucose to image the body's metabolism at a cellular level, mapping the chemical functioning of organs or tissue. Since cancer cells use more glucose than other cells in the body, PET can reveal the presence of cancerous tumors and provide key information

about whether cancer has spread, a key component of cancer treatment. PET also is used to diagnose heart disease and brain disorders, like epilepsy, Alzheimer's and Parkinson's.

CT, or computed tomography, is used to image a patient's anatomy and can reveal abnormalities. Used together in one machine, PET-CT combines PET's early detection of disease with the precise internal organ visualization of CT. The PET-CT procedure is painless and non-invasive and usually takes about thirty minutes.



The Results are in for Year Four for the ACA

The numbers are in, even though Navigators are still assisting residents who could not get on the website or into the call-in center to enroll during the last day of enrollment. One Indiana FQHC reported it still had 100 people on its waiting list on March 31.

Indiana HIP members earning between 101% to 200% of the FPL are losing their HIP coverage this month and will need to seek coverage with a Marketplace plan as a special event exception. You may be impacted by this either by phone inquiries or when seeking coverage determination for some patients. They have 60 days to seek a Marketplace plan. At this date, their coverage will experience a brief lapse until they secure coverage.

Those new to insurance probably need a friendly reminder to pay their monthly premium. They have 90 days before they lose their coverage due to failure to pay a premium. Possibly they forgot where and how they are to make their payment. Consequently, it is a good strategy to be proactive by devising a plan that includes informing your staff where to refer these healthcare consumers. They should pay the insurance company they selected for coverage. Get a friendly reminder message out via the hospital web page, local newspaper, Facebook, local radio, etc.

If the consumer does not pay within the first 30 days, the insurance company will cover it. At this time, if the consumer fails to pay within the next 60 days, the healthcare provider will not be reimbursed for the service.

Review a brief 2 page review as mid-April 2014. [ACA FACT SHEET YEAR 4.](#)