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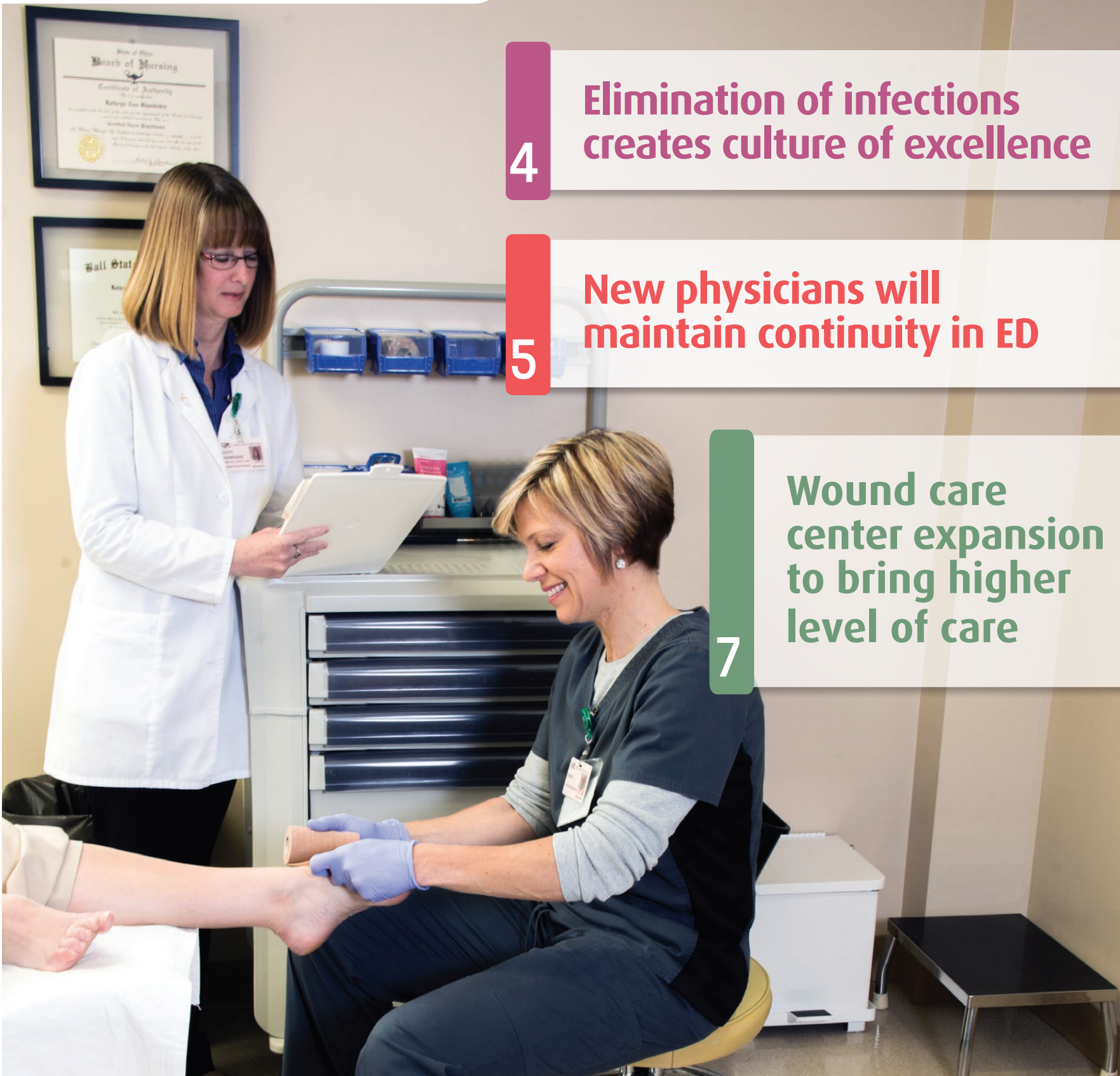
Elimination of infections  
creates culture of excellence

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maintain continuity in ED

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Wound care  
center expansion  
to bring higher  
level of care





*Elimination of infections  
 creates culture of excellence*



*New physicians will  
 maintain continuity in ED*



*Meet Stan Roth, physical therapist*



*Wound care center expansion  
 to bring higher level of care*

COVER PHOTO: Offering treatment at CHWC Wound Care Solutions are clinic director Kathy Khandaker, left, and Wendy Mayer, wound care and ostomy nurse.

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FOR YOUR INFORMATION ...

## Packing pills for inpatient stays



When getting your personal items together for an overnight stay in the hospital, your medications are probably on the packing list.

While you may rely on a pill organizer to help you manage your medications, Community Hospitals and Wellness Centers' (CHWC) Pharmacy Department notes that it's as important that they are brought in their original bottles for the most concise and accurate look at what patients are taking.

This includes everything from prescriptions, over-the-counter drugs, vitamins and supplements, herbals and even eye drops.

"Some people are on meds that aren't in our formulary, so they'll need to use what they bring if we can't supply it," notes CHWC Pharmacist Elizabeth Seibert, Pharm D. "We also encourage patients to bring their most recent and up-to-date bottles. The prescription has to be filled in the last six months so we know the medications aren't expired."

Seibert explains that identification is key. Vitamins and supplements are regulated differently than medications and do not require markings that tell a plain white vitamin C tablet apart from a magnesium tablet, for example. This is why all vitamins and supplements should be brought in original, unopened containers. Additionally, patients who only take half a tablet per day should only cut their pills in small batches, per day or per week, rather than all 30 days at once. This ensures that doses are distributed evenly, and pill imprints will be readable at the hospital pharmacy.

The pharmacy staff also suggest carrying a current listing of medications in your wallet as an additional safeguard to ensure that the information is on hand whenever needed, especially in the event of an emergency.



# CHWC welcomes Dr. Murtagh

DR. MURTAGH'S  
BRYAN HOSPITAL CLINIC

is open Tuesdays and Fridays 8 a.m.–noon.  
Call **419-633-7596** to schedule an appointment.



When Daniel Murtagh, MD, describes urology, he's the first to admit the private and sensitive nature of his field. Because of that, many people are reluctant to seek help. "I want them to know that they don't need to feel that way," Dr. Murtagh says. "I'm in a field that is trained to listen and understand. Most of these problems will only get worse, so we may as well deal with them right up front and get them corrected before they interfere too much with peoples' lives."

Urology is a surgical subspecialty that treats urinary tract infections, incontinence, prostate problems, infertility, kidney stones, erectile dysfunction (which, Dr. Murtagh notes, is a couple's problem more than a male problem) and cancers of the prostate, testicles, bladder and kidney.

"I like to say I'm a plumber. I deal with the water works," says Dr. Murtagh with a grin. "It's everything from the kidney — where the urine is made — all the way down. It's not a glamorous profession, but when people need you, they need you a lot."

Dr. Murtagh is a native Toledoan who has been in private practice for 31 years. He is a graduate of University of Notre Dame, Medical College of Ohio and University of Michigan. Since graduating, he has worked in Toledo and at CHWC's Archbold Medical Center. In addition, he recently began teaching at The University of Toledo College of Medicine and Life Sciences. This April, Dr. Murtagh also began practicing at Bryan Hospital two days per week.

"This hospital is a hidden treasure," Dr. Murtagh says of the Bryan facility. "It's got the most up-to-date equipment, and the operating rooms are spectacular. I've been in a lot of operating rooms in my life, and these do not take second to any of them."

There are two parts of Dr. Murtagh's profession that he enjoys most. First, he's fascinated by the fundamental basis of medicine: how the human body works, what can go wrong and how to remedy problems. Second — and most important — are his patients. "You always hear about the doctor-patient relationship. It really is a special relationship and it's the basis of quality care. It's what I love about medicine," he says.

*Urology*





Dawn Sammons, CMSRN (L), and Dorothy Myers, RN OCN (R) demonstrate infection prevention measures prior to central line insertion.

## Elimination of infections creates culture of excellence

**S**ometimes the simplest solutions are the most effective. This has absolutely been the case in preventing central line-associated bloodstream infections (CLABSI) and ventilator-associated pneumonia (VAP) at Community Hospitals and Wellness Centers' (CHWC) facilities.

A central line (aka central venous catheter) is a long flexible tube that is inserted into a large vein in the neck, chest or arm for emergency or long-term use. Central line uses include administering antibiotics, blood, IV nutrition or medications for critically ill patients. Ventilators, also known as “breathing machines,” move air in and out of the lungs through a tube placed in the throat. Ventilators are typically used for patients unable to breathe normally due to illness, trauma or after surgery. While these lifesaving procedures have undeniable benefits to those who need them, they can pose a serious risk of infection as well.

“Any time you invade the body — whether you’re sending a tube down into the lungs or a catheter through a blood vessel — your risk for infection goes up,” says Vickie Shaffer, infection prevention director. “And the care doesn’t stop at that initial insertion; we need to

be extremely diligent in maintaining clean and safe practices once a patient is on a ventilator or has a central line inserted.”

Back in 2009, the national governing bodies on hospital safety noted evidence-based processes that, when implemented in a bundle, can eliminate VAP and CLABSI. Since these findings were implemented six years ago, CHWC has not had a single patient who has experienced either of the infections.

Becky Weaver, RN/ICU supervisor, and the Respiratory Care Department were instrumental in implementing the VAP program at the Bryan ICU. “We immediately began the process of educating our nurses, physicians, patients and visitors so everyone was on the same page. As a result, we’re proud to report zero cases of VAP since 2009.”

These processes include bedside signs, ventilator-specific oral care kits, checklists and a lot of organization. The checklists include items as in-depth as draping a patient head-to-toe in a sterile sheet prior to central line insertion, and as simple as thorough hand washing. While central lines are being inserted, everyone within six feet of the patient is required to wear a mask, cap, sterile gloves

and a sterile gown. Additionally, patients on a ventilator are to have the head of their beds elevated 30–45 degrees and have their mouths cleaned every four hours to kill bacteria that is common in the mouth but could be detrimental if it were to travel into the lungs. The list goes on, and it’s no wonder checklists and organized processes were put into place.

It’s clear, too, that although these processes involve carts and kits and checklists, patient safety is the driving force for CHWC staff toward meeting these accomplishments. Weaver’s eyes light up as she talks about the teamwork that has made quality patient care possible: “Everyone involved — nurses, respiratory therapists, physicians, patients — has contributed to putting these things in place and getting processes running smoothly. Together, we have created a culture of consistent, excellent care.”



Respiratory Therapist Kris Fether, left, and RN Liz Smith, right, review various safety checks as they prepare a ventilator in the ICU.

# NEW PHYSICIANS will maintain continuity in ED



A desire to preserve a small-town feel for patients in the Emergency Department (ED) has fueled a recent change in physician staffing services at Community Hospitals and Wellness Centers (CHWC).

CHWC launched a new contract with ECI Healthcare Partners, a medical staffing and management company based in Traverse City, Michigan, on April 1 to provide ED doctors in both Bryan and Montpelier hospitals. ECI replaces a national staffing company whose physicians often hailed from far and wide and weren't as familiar with rural health care, according to Barb Rash, RN, MSN, CEN, the ED's director of nursing.

"Rural health care is a little different from being in a trauma center, and we felt ECI was based closer and they might understand the setting better," Rash explains. "We wanted to develop a core group of doctors who consistently work here and become familiar with our community, specialists and nursing staff in order to develop a more cohesive arrangement."

As before, the ED in each hospital will be covered 24 hours a day, seven days a week, by an ED physician. The new doctors' group is led by Charles Felix, MD, who will serve as ED medical director.

## EXPERIENCED GROUP PROVIDES TOP-NOTCH CARE

Most of the contracted ED physicians have vast experience in emergency care, Dr. Felix



Dr. Robert Barnett and RN Michelle Chester check in on volunteer Kelly Routhier at the Bryan Emergency Department.

notes. "A lot of combined years of experience are there. It's an incredible bunch of doctors," he says. "Our EDs mix exposure to a lot of different types of clinical scenarios. They're challenging places to work."

CHWC and ECI are also collaborating to bring medical scribes to Bryan Hospital. Medical scribes will serve in a supporting role to the doctor by coordinating medical documentation on the hospital computer system. This helps the doctor focus even more on the patient's care and experience, Rash says. Another advantage to contracting with ECI is that the ED physicians aren't on a "constant shuffle" as was the case previously, which allows for greater continuity of care.

It's ideal for everyone to have a primary care physician or nurse practitioner and only come to the ED for unexpected illness or injury, she notes. "But some patients with chronic health conditions need to visit the ED more frequently due to exacerbations of their disease," Rash says. "The advantage of having a core group of physicians who consistently work at the same

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We wanted to develop a core group of doctors who consistently work here and become familiar with our community.

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location is that it will be nice for these patients to see a familiar face when the need arises to visit the ED and have the assurance that the physician on duty may already be aware of their chronic health history."

"We want to be medically competent," she adds, "but we also want to be personable and help patients have the best experience possible."



Physical Therapist Stan Roth and patient Gene Graf catch up on each others' lives during one of their regular appointments.



# Meet Stan Roth, physical therapist

“We strive as a department to provide consistent care to our patients and aim to give them the same physical therapist or same physical therapist assistant for each visit.”

– Stan Roth

*Consistent Care*

## WIDE RANGE OF AGES, CONDITIONS TREATED

A typical workday for Roth includes seeing four or five patients each morning and a similar-sized group in the afternoon. An average of about 100 occupational and/or physical therapy patients are treated each week in Archbold's clinic, he says. Most are undergoing ongoing therapy to recover from surgery, accidents or repetitive trauma, as well as from “weekend warrior” athletic injuries or chronic neck or back problems.

“We see quite a few post-surgical patients following total hip, knee or shoulder replacement, rotator cuff repairs, and following accidents or workplace issues,” Roth explains. “With Baby Boomers getting older, we definitely see a large group of seniors, but we treat a wide range of ages, from school age on up.”

Because Roth lives and works in the same small community, he feels privileged to encounter current and former patients while he's out and about, whether eating in a restaurant or shopping for groceries. When he does, he's pleased to hear updates about their progress and doubly thankful for the personalized care Archbold's physical therapy staff is able to provide.

“We're a close-knit department so we communicate well among ourselves,” he says. “We not only get to know patients and their injuries, but also learn about them, their families and their interests. Our staff enjoys building that friendship and patients respond to that.”

**A**fter more than 25 years as a physical therapist, Stan Roth still considers getting to know patients beyond their medical challenges to be one of the most rewarding aspects of his job.

On staff at Community Hospitals and Wellness Centers (CHWC) since 1998, Roth has witnessed the growth of Archbold Medical Center's Physical Therapy Department from just his solo position in 1999 to the addition of a second physical therapist, a physical therapist assistant and a part-time occupational therapist. A speech therapist is also available when needed, enabling the department to offer all three types of core therapies.

“We strive as a department to provide consistent care to our patients and aim to give them the same physical therapist or same physical therapist assistant for each visit,” says Roth, who with his wife Susan is a father of four. He received his bachelor's degree from Goshen College in Indiana and his physical therapy degree from Ohio State University. “Some clinics do what's convenient for their staff and have patients see multiple people, but we try to keep that continuity of care.”

From L to R: Wound care and ostomy nurse Wendy Mayer, Dr. George Magill and CHWC Wound Care Director Kathy Khandaker represent CHWC's newly expanded wound care center.

## Wound care center expansion to bring higher level of care



W

e've all had injuries that heal without a problem, requiring no more than a bandage,

some antiseptic and a little TLC. But what happens when a wound becomes infected, drains or takes longer than expected to heal?

Community Hospitals and Wellness Centers' (CHWC) wound care clinic has almost 10 years of experience in this specialty, and will be completing a long-anticipated expansion in August that will include the addition of hyperbaric oxygen therapy and a physician, Dr. George Magill, who will bring an even higher level of treatment and expertise.

"Wound care is much more than just putting dressing on a wound," says Kathy Khandaker, who has served as the clinic director since 2008. "We take a holistic approach that looks at the diagnoses,

We take a holistic approach that looks at the diagnoses and decide what's most appropriate for treatment.

other health conditions and medications associated with each patient and decide what's most appropriate for treatment."

Additionally, Khandaker adds that each patient's treatment is individualized, and no "one treatment" fits all.

CHWC Wound Care Solutions, as the newly expanded clinic will be called, offers a full range of care for wounds caused by venous and arterial insufficiency, diabetes, surgery, trauma, burns, pressure, soft tissue infections and radiation. Additionally, the clinic cares for people with ostomies (surgically created openings for the passage of stool or urine) and treatment and education for urinary and fecal incontinence.

Khandaker feels that the expansion will be a major draw to CHWC. Dr. Magill's presence will allow for a larger patient load, and the hyperbaric oxygen chamber is one of very few in the area. Hyperbaric oxygen therapy increases oxygen available in the bloodstream, which increases the oxygen available to the wound in order to stimulate healing.

"Our practice is up-to-date with the latest technology, research and certifications by the Wound Ostomy and Continence Nursing Certification Board and the Undersea and Hyperbaric Medical Society," Khandaker explains, noting that the modalities that the staff use reduce the risk of infection, decrease the frequency of dressing changes and ultimately improve the patient's quality of life.

*Stimulate Healing*





## Save the Date

### Focus on Health 2015

**Date:** Tuesday, October 20

**Time:** 6 p.m.

**Location:** Bryan Eagles, 221 S. Walnut St.

**Cost:** \$10 covers program and dinner

Mark your calendar now for our annual cancer program, and learn more as the date approaches by keeping in touch with CHWC and the Williams County Health Department.



Community Hospitals and Wellness Centers  
BRYAN | MONTPELIER | ARCHBOLD

433 W. High St.  
Bryan, OH 43506-1690

# Something's in the water at CHWC



When Community Hospitals and Wellness Centers' (CHWC) Nutrition + Food Services (NFS)

Department began serving infused water in the cafeterias, they knew it would become a popular way for visitors and staff to get healthy and hydrated. What they didn't expect was the overwhelming popularity of the water, which takes on a refreshing hint of flavor from the fruits, vegetables and herbs added. Between the three facilities, CHWC goes through approximately 38 gallons of infused water per day.

Word about the delicious, healthy refreshments has spread like wildfire all around town as well. "We have even had a restaurant call about it, and I hear the staff at the local school district are trying to do the same. Nothing we have done in NFS has created such a buzz!" says Jan Martinez, director of NFS.

CHWC Registered Dietitian Kyli McCullough is the brains behind the infused water. Her inspiration for the water came from another health care facility that saw major success in providing this healthy option in a move to decrease the amount of sugary beverages

sold at its facility. "Finding healthier beverages that do not contain chemicals and sugar is hard," states McCullough. "I'm thankful we were able to provide a healthy, natural option that tastes great."

Want to try some for yourself? It's easy and inexpensive. Purchase a personal infuser bottle at a local retail shop or online, pack your favorite flavor combinations in the infuser basket, fill with water, refrigerate 15 minutes to a few hours, and enjoy!

## FAVORITE INFUSIONS

Here are just a few infused water ideas to try!



Strawberry + basil



Kiwi + berries



Cucumber + melon



Citrus + cilantro



Orange + blueberry



Grape + pineapple



Peach + mint