PRESIDENT'S ANNUAL REPORT
2014-2015

for
FISCAL YEAR ENDING
SEPTEMBER 30, 2015

Our Mission

To provide quality patient care at every point of service;
to respect the dignity and uniqueness of all patients;
to promote safe medical practices;
to encourage medical research;
to permit access to all seeking healthcare; and
to maintain fiscal soundness.

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STATE OF OHIO: BED REGISTRATION DATA

Community Hospitals and Wellness Centers is registered with the Ohio Department of Health as one hospital system with two inpatient care hospitals and one ambulatory care center (Archbold). As of August 1, 2015, the beds are allocated as follows:

	Bryan	Montpelier	Total
Med/Surg Beds	54	25	79
Telemetry Beds	10	0	10
Intensive Care Beds	6	0	6
Obstetrical Beds	9	0	9
Pediatrics Beds	6	0	6
	85	25	110
Newborn Bassinets	13	0	13
	98	25	123

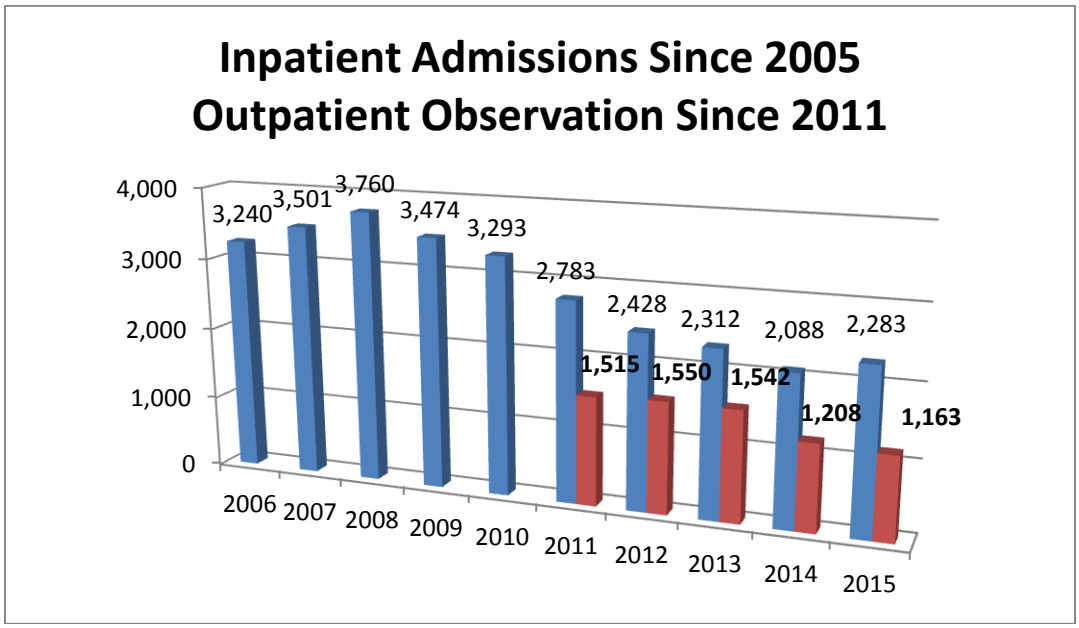
OUR MEDICAL STAFF

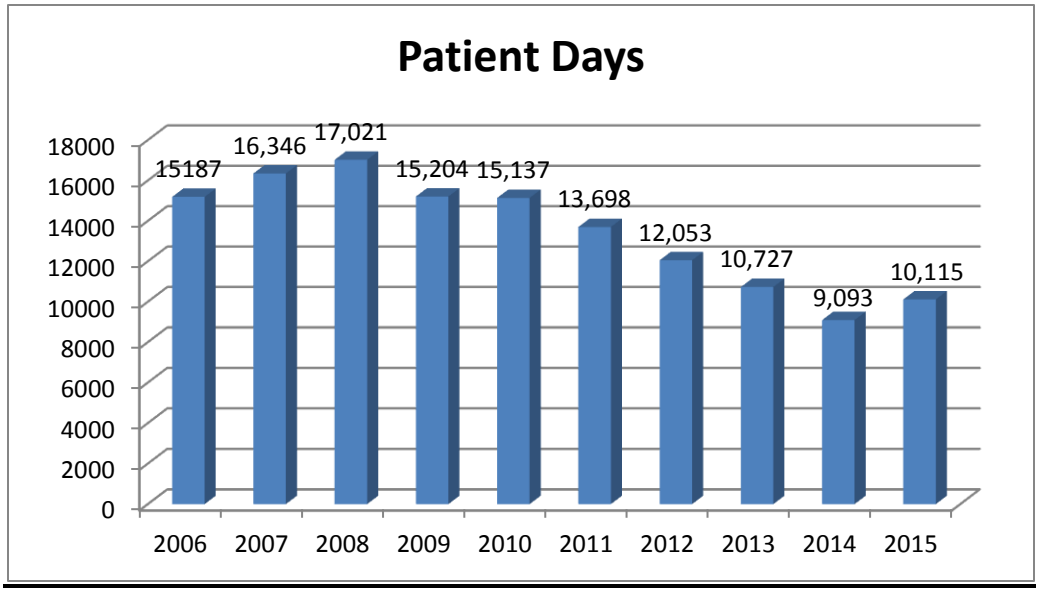
During calendar year 2015, Kevin Kolovich, MD, served as Chief of Staff and Glen Seaman, MD, as Vice Chief of Staff. During this twelve-month period we had:

24 Medical Professionals on Active Medical Staff
102 Medical Professionals on Courtesy Medical Staff
19 Allied Health Professionals on Medical Staff
34 Medical Professionals on Courtesy; Emergency Department Staff

PATIENT CENSUS HISTORICAL COMPARISON

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Patients Admitted	**3,501**	**3,760**	**3,474**	**3,293**	**2,783**	**2,428**	**2,312**	**2,088**	**2,283**
Bryan – Med/Surg	1,340	1,432	1,329	1,184	1,129	1,051	935	814	812
Bryan - Pediatric	74	86	65	73	68	55	46	22	22
Bryan – ICU & TU	913	1,032	962	814	654	692	751	689	796
Montpelier (CAH)	436	425	479	483	354	334	304	256	343
Bryan - Newborn	269	302	216	269	284	296	276	307	310
Observation Patients					1,515	1,550	1,542	1,208	1,163
Patient Days	**16,346**	**17,021**	**15,204**	**15,137**	**13,698**	**12,053**	**10,727**	**9,093**	**10,115**
Bryan – Med/Surg	6,218	6,444	5439	5,111	4,901	4,398	3 ,872	2,798	2,967
Bryan - Pediatric	255	234	145	166	139	155	99	47	57
Bryan – ICU & TU	2,680	3,034	2,850	2,504	2,383	1,387	2 ,423	2,034	2,477
Montpelier (CAH)	5,291	5,331	5,131	5,419	4,722	4,481	3 ,657	3,450	3,862
Bryan - Newborn	708	655	478	646	657	632	676	764	752





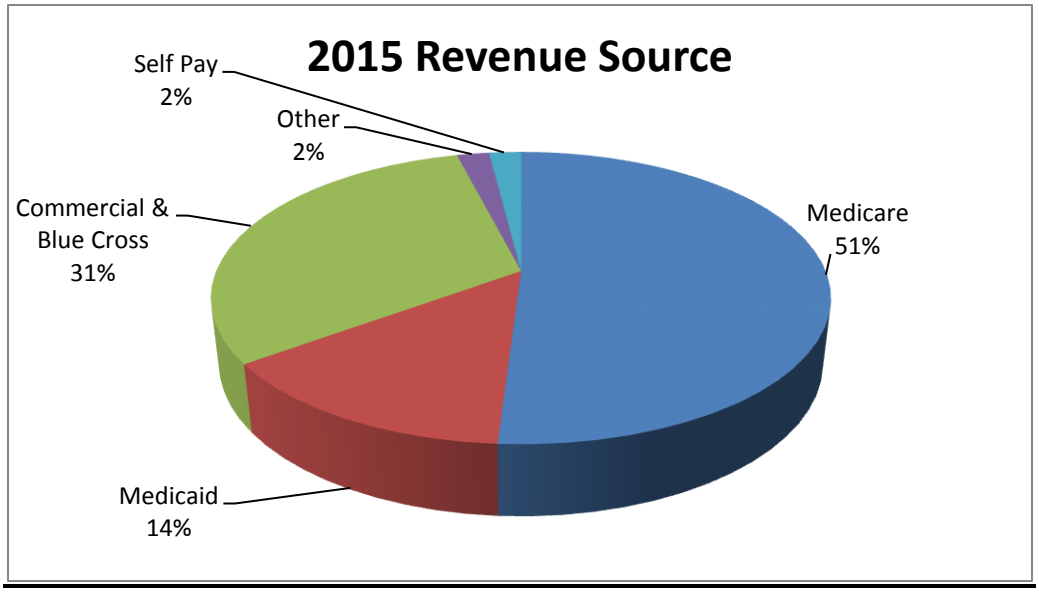
SELECTED SERVICES HISTORICAL COMPARISON

		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Radiology	Inpatient	3,505	3,738	4,440	4,236	4,098	4,011	3,370	3,036	2,571	2,795
	Outpatient	14,317	14,951	14,864	15,206	13,545	14,559	13,831	13,053	13,385	14,408
Radiation Oncology		11,906	11,392	11,690	13,245	10,407	9,090	10,141	10,359	11,087	10,710
Laboratory	Inpatient	97,235	111,065	123,842	119,58	109,749	112,431	102,846	101,922	85,522	91,825
	Outpatient	171,540	181,301	191,497	180,50	163,270	181,579	196,254	196,175	182,553	187,184
Surgery	Inpatient	1,505	1,342	1,404	1,449	1,330	732	742	686	600	589
	Outpatient	5,673	5,647	6,037	5,990	5,635	5,005	5,175	4,970	4,260	3,806
Emergency Department		20,168	21,099	21,274	18,180	18,454	16,409	17,622	17,521	16,686	18,452
Caths/Peripheral		386	486	432	428	381	274	447	469	496	508
Cath Stents/Devices							226	235	243	211	240
Pain Management Clinic*									1,248	2,196	2,301

* *CHWC implemented a Pain Management Joint Venture with Pain Management Group in 2013*

THE SOURCES OF OUR REVENUES

	GROSS 2012 Revenue	%	GROSS 2013 Revenue	%	GROSS 2014 Revenue	%	GROSS 2015 Revenue	%
Medicare	$71,742,399	50.5%	$74,707,775	50.1%	$68,580,006	49.11%	$72,798,448	50.85%
Medicaid	$13,985,464	9.9%	$16,138,506	10.81%	$16,705,746	11.96%	$19,823,938	13.84%
Commercial	$46,589,410	32.8%	$47,773,739	32.04%	$46,037,073	32.97%	$43,894,928	30.66%
Other	$3,520,642	2.4%	$3,248,061	2.18%	$3,337,237	2.39%	$3,028,249	2.11%
Self-Pay	$6,179,116	4.4%	$7,255,947	4.87%	$4,986,821	3.57%	$3,598,039	2.54%
TOTAL	$142,017,031	100.00%	$149,124,028	100.00%	$139,646,883	100.00%	$143,143,602	100.00%



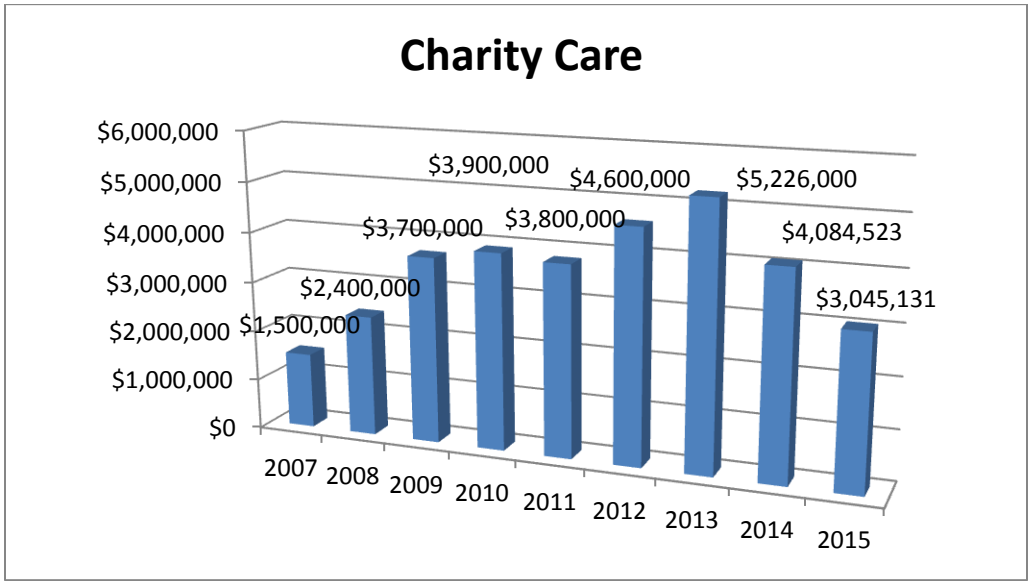
The Impact of Medicaid Expansion for CHWC

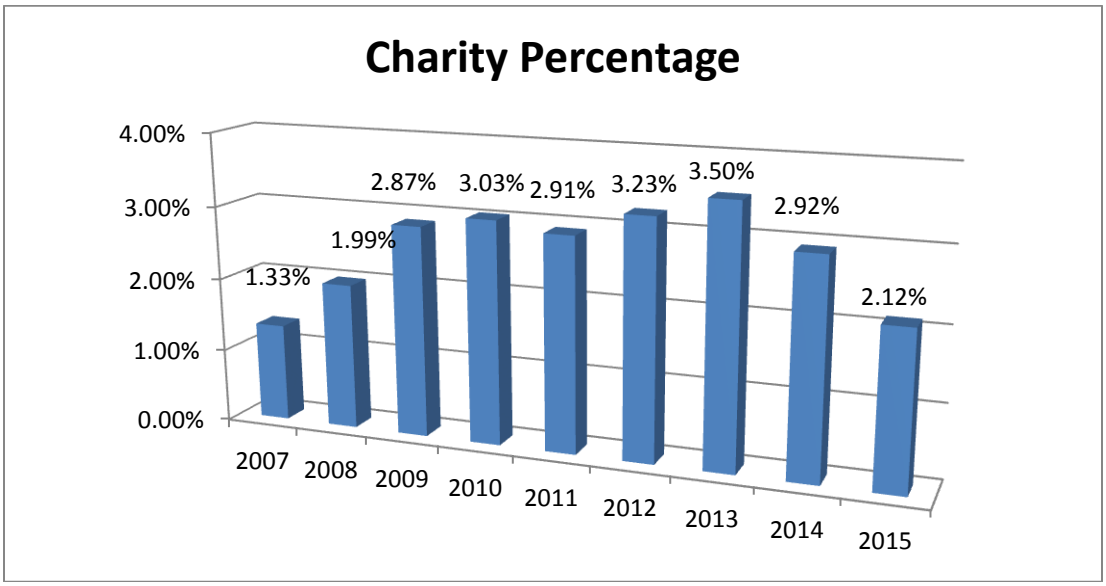
In 2014 the State of Ohio expanded Medicaid to those individuals (primarily single adults) who qualified under the federal Affordable Care Act (ACA). During the debates about expansion CHWC educated elected leaders that many people in our community who were self-pay due to no health insurance would qualify for expanded Medicaid. The expansion would reduce the financial burden on people and give CHWC a form of payment for services. We can now assess the impact of expansion. From our 2014 fiscal year to 2015 services to Medicaid patients increased by almost 2% and the self pay portion fell by just over 1%. (The next page shows the impact on our Charity Care write-offs.)

We do not believe there is a one-to-one correlation between expansion and reduction in self-pay and charity. But it is clear that expansion did have the intended effect that Ohio hospitals forecasted.

CHARITY CARE PROVIDED BY CHWC

The hospital maintains records to identify and monitor the level of charity care provided. These records include the amount of charges forgone for services and supplies rendered under its charity care policy. The following information measures the level of charity care provided. The first graph shows charges foregone (based on established rates). The second graph shows the equivalent percentage of charity care (reductions to total charges). This work is conducted under the accordance of the Charitable Care Policy of Community Hospitals and Wellness Centers, supported in part by the SHARE Foundation.





CHWC SHARE FOUNDATION

For the past 25 years, the SHARE Foundation of CHWC has received contributions, gifts, and bequests for the specific purpose of providing healthcare for those persons who have become financially disadvantaged. The total assets of the SHARE Foundation, as of September 30, 2015, were approximately $5.2 million. The SHARE Foundation works hand in hand with the Charitable Care Policy as established by the Hospital Board of Directors.

Major Capital Investments During 2014-2015

The major equipment investments during this fiscal year were done through combined efforts of individuals, hospital auxiliaries, and hospital operations. The primary breakdown of investments is:

- $376,103.00 was invested to sustain our Information Technology platform
- $372,776.00 was invested for creation and renovation of outpatient clinics
- $294,638.00 was invested for Radiology/Imaging Nuclear Camera
- $369,239.00 was invested for the Wound Care and Hyperbaric Therapy Clinic
- $145,000.00 was invested for Radiology/Imaging portable xray machine

OUR HOSPITAL EMPLOYEE TURNOVER INFORMATION

OCTOBER 1, 2014 thru SEPTEMBER 30, 2015

CHWC Employed a Twelve Month Average 688 Employees

Voluntary Terminations:

We experienced 75 voluntary terminations during the year. This represents an 11% voluntary turnover rate. The most common reasons were:

- 35 employees left for another job
- 14 employees resigned
- 9 employees relocated
- 8 employees retired

Involuntary Terminations:

CHWC terminated the employment of 28 employees during the year. The most common reasons were:

- 16 employees failed to meet requirements for continued employment
- 9 employees violated hospital employment policies (3 for absenteeism)

(Terminations divided by Average number of employees = turnover rate)

Employees	Average # of staff	ALL reasons Terminations	Global Turnover Rate
All Staff	688	111	17%
Registered Nurse	211	21	10%
Radiology Technologist	24	2	
Pharmacist	6	0	
Occupational Therapist	8	1	
Physical Therapist	13	2	
Medical Technologist	24	3	
Cardiopulmonary Care	10	2	

We have carefully assessed our terminations. We consider an 11% voluntary turnover rate (and 17% overall) an appropriate and acceptable rate.

During this year our Human Resources Department successfully navigated the employment of 116 new hires.

A PROGRESS REPORT ON ADDRESSING COMMUNITY HEALTH

2013 Community Health Needs Assessment (CHNA)

In 2013, both Bryan and Montpelier hospitals provided substantial funding toward a Comprehensive Community Health Needs Assessment for **Williams County. This effort was carried out in partnership with the Williams County Health Department, Williams County Schools, various social welfare organizations and Parkview Physicians Group Ohio.** We contracted with the Hospital Council of Northwest Ohio to carry out the survey. Once the data was compiled we formed a community assessment group (adding K-12 schools, non-profit mental health providers, faith-based groups, local law enforcement and the Williams County YMCA) to discuss and make plans for interventions.

The 2013 survey results made clear the community has the same health status issues that are a national dilemma. In September 2013; the CHWC Board of Directors approved three-year strategic implementation plans for both Montpelier Critical Access Hospital and Bryan Hospital. CHWC's specific efforts will focus on the adoption and implementation of the Healthy Hospitals Initiative promoted by the American Hospital Association. CHWC will also participate and lend support to community-wide efforts led by the various partner groups in our coalition. Our reports are posted at the hospital web site for public review (www.chwchospital.com).

During 2014and 2015 both hospitals planned strategies in several areas. We made a commitment to adopt and implement the strategies of the national Healthy Hospitals Initiative (HHI). We implemented "green" strategies in environmental services and utilities management. We mapped a waste recycling and reduction strategy. We changed processes in food services to reduce waste and to introduce healthy alternative food choices.

2016 Community Health Needs Assessment (CHNA)

In the summer of 2015 CHWC Bryan and Montpelier hospitals jointly committed to funding the entire cost of the 2016 comprehensive community assessment (estimated at $40,000.00). The same working group from 2013 has committed to the 2016 effort. The survey instrument was set for design in October 2015 with surveys to begin in December 2015 and continuing through March 2016.. As in 2013 there will be a survey of adults and a separate survey of K-12 students. The results will be reported in May 2016. CHWC's Board of Directors will be presented with a new action plan at their September 2016 meeting.

Patient Safety is Paramount

SUSTAINED ACCOMPLISHMENTS

Participation in "On the CUSP: Stop Blood Stream Infections" (BSI) Program

About 250,000 central-line associated bloodstream infections (CLABSI) occur in hospitals each year, and it is estimated that between 30,000 and 62,000 patients die as a result. In the summer of 2009, CHWC joined a national initiative led by Johns Hopkins Hospital in conjunction with the Ohio Patient Safety Institute with the goal to reduce CLABSIs. The specific goals of this initiative (which concludes in early 2011) include:

- Reducing the CLABSI rate within participating Ohio hospitals to less than one per 1000 catheter days
- Improve safety culture by 50 percent in participating hospitals.
- Disseminate the CUSP patient safety model for future patient safety initiatives.

2015 Update: CHWC still has not experienced a CLABSI since December 2009.

70 Months of Sustained Excellence

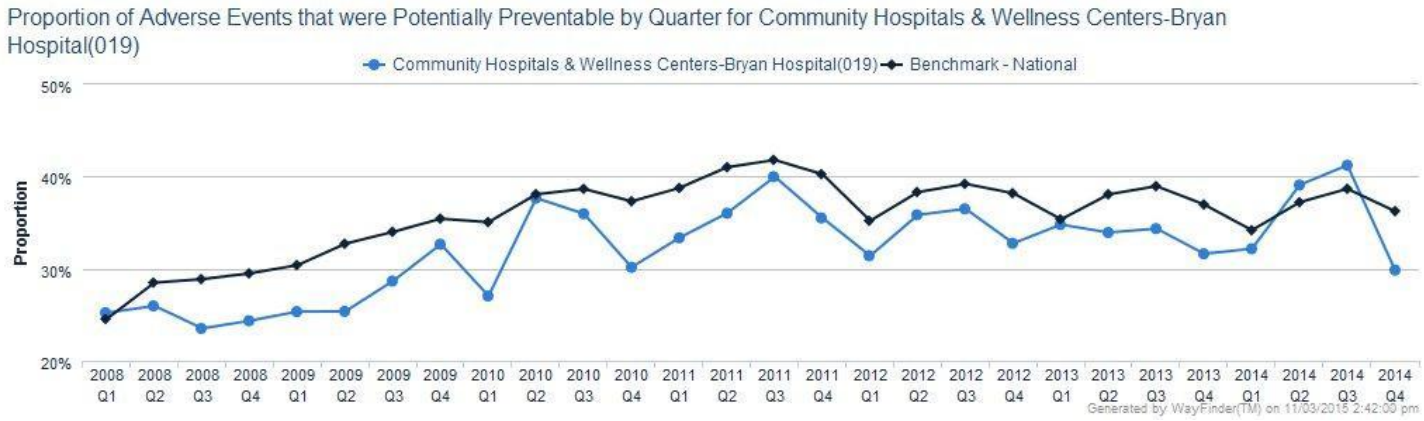
Reducing/Eliminating Ventilator-Associated Pneumonia

Intensive Care Unit staff focused on reducing/eliminating ventilator-associated pneumonia (VAP). This is a very dangerous condition that can be prevented with vigilance. In the fall of 2009 the Intensive Care Unit nurses, cardiopulmonary respiratory care staff and all physicians made the commitment to adopt and uphold a set of evidence-based best practices (known nationally as the "Ventilator Bundle") created by national and international research groups. Then we began measuring VAP rates.

2015 Update: We are pleased to report the CHWC VAP rate since October 2009 is STILL zero.

72 Months of Sustained Excellence

PREVENTING HARM



What does this graph show?

- *This graph details the proportion of adverse events at Bryan Hospital that the federal government believes were "potentially preventable".*
- *Information is displayed since the first quarter of 2008, through the fourth quarter of 2014.*
- *The comparison is the national benchmark for ALL hospitals in the United States.*

What is the source of the data?

The data is from the federal government and is displayed by the Wayfinder safety software developed jointly by Battelle Research in Columbus, Ohio and the Ohio Hospital Association. The data from 2008 through 2012 is actual federal data. The data for 2013 and 2014 is a prediction of both our outcomes and the national benchmarks performed by Batelle.

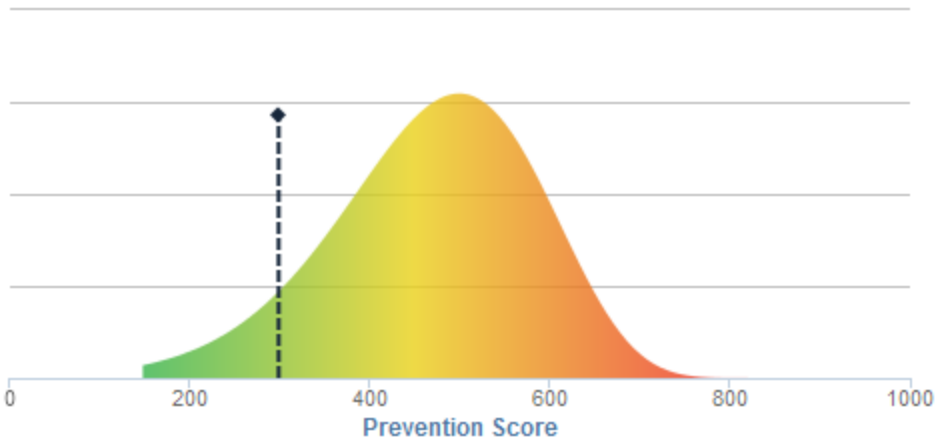
What does the graph tell us about Bryan Hospital?

1. *In general; Bryan Hospital has lower preventable harm scores when compared to all U.S. hospitals. In the fourth quarter of 2014, according to the federal government, 20% of the adverse events at Bryan Hospital were potentially preventable. This is compared to the national benchmark of 36%.*

CHWC Aspiration #1: Continue to achieve LOWER preventable adverse events scores
CHWC Aspiration #2: ZERO preventable adverse events.

Prevention Score Ranking for Community Hospitals & Wellness Centers-Bryan Hospital(019)

Total: 299 / 1000



Benchmark: 148 - 894

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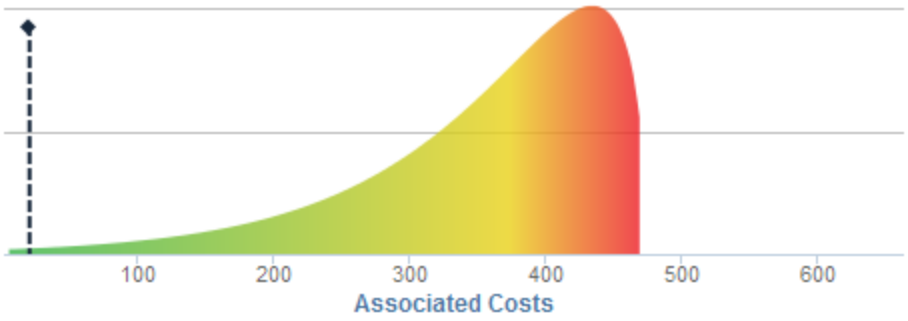
- A LOWER score is better
- Bryan Hospital's Prevention Score Ranking is BETTER than 72% of ALL U.S. Hospitals

- Bryan Hospital's Preventable Events ADDED $19.73 in cost to every patient
- Bryan Hospital's Score Ranking is BETTER than 92% of ALL U.S. Hospitals

Associated Costs for Community Hospitals & Wellness Centers-Bryan Hospital(019)

Total: $7,321

$19.73 per patient



Benchmark: $0 - $469

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Readmission Rate Success

2 Year Evaluation Period (April 1, 2013 through March 31, 2015)

30 day All-Cause Readmission Rate

ALL Patients Aged 17 years and Older

NW Ohio Collaborative Hospital	# of Cases Age > 17	OBSERVED 30-DAY READMIT	PREDICTED 30-DAY READMIT	OBSERVED/ PREDICTED AGE > 17
Blanchard Valley Hospital (Findlay)	402	20.15%	21.10%	0.955
Firelands Regional Medical Center (Sandusky)	565	21.24%	22.14%	0.959
Fisher-Titus Medical Center (Norwalk)	240	25.42%	22.76%	1.117
Mercy Defiance Hospital	150	22.67%	21.10%	1.074
Mercy St. Vincent Medical Center (Toledo)	1005	23.98%	23.92%	1.003
University of Toledo Medical Center	611	25.53%	24.04%	1.062
Wood County Hospital (Bowling Green)	202	19.31%	20.22%	0.955
CHWC Bryan Hospital	**208**	***13.46%***	***18.73%***	***0.719***

1. CHWC Participates in a Patient Safety Collaborative of Northwest Ohio Hospitals
2. The GOAL is to achieve "Observed" percentages that are LOWER than "Predicted" precentages
    a. Findlay, Sandusky, Bowling Green and Bryan were successful
        i. The Bryan Hospital "Observed" rate that was 28% BETTER than the "Predicted" rate

Readmission Rate Success

2 Year Evaluation Period (April 1, 2013 through March 31, 2015)

30 day Hospital Specific Heart Failure Readmission Rate

Heart Failure Readmitted for Heart Failure
ALL Patients Aged 17 years and Older

NW Ohio Collaborative Hospital	OBSERVED 30-DAY READMIT	PREDICTED 30-DAY READMIT	OBSERVED/ PREDICTED AGE > 17
Blanchard Valley Hospital (Findlay)	8.96%	8.20%	1.092
Firelands Regional Medical Center (Sandusky)	7.79%	8.35%	0.933
Fisher-Titus Medical Center (Norwalk)	11.67%	8.39%	1.390
Mercy Defiance Hospital	7.33%	7.73%	0.949
Mercy St. Vincent Medical Center (Toledo)	9.45%	8.92%	1.060
University of Toledo Medical Center	9.17%	8.69%	1.055
Wood County Hospital (Bowling Green)	7.92%	7.89%	1.004
CHWC Bryan Hospital	***5.29%***	**7.83%**	***0.676***

3. CHWC Participates in a Patient Safety Collaborative of Northwest Ohio Hospitals
4. The GOAL is to achieve "Observed" percentages that are LOWER than "Predicted" precentages
    a. Sandusky, Mercy Defiance and Bryan were successful
        i. The Bryan Hospital "Observed" rate that was 32% BETTER than the "Predicted" rate

We have the Imagination to "See" New Opportunities Through Technology Advancement And We Can Improve Patient Outcomes

Two Examples

Bryan Hospital
A COOL Way to Mitigate Heart Damage & Improve Patient Outcomes

Health care is a field that is constantly changing and improving and our ICU/Telemetry staff strive to provide the most current, evidence based care. It's an exciting time because patient outcomes are better than in any other time in history.

We see amazing results that we didn't know were possible only a few years ago. An example of this is our **therapeutic hypothermia protocol**. This involves special equipment and incredibly time intensive procedures to safely cool patients who have gone into cardiac arrest and have regained spontaneous circulation. We use our equipment to keep their core temperature 32 to 34 degrees Celsius for 24 hours. Patients who in the past would have been neurologically compromised are now leaving the hospital fully functioning and able to return to their lives and families.

Everyone at CHWC aspires to continue to improve our care, become a friendlier place for patients and families, improve safety, never cause harm, and always offer the best care available. Our patients are our families and members of our community and we want to provide only the very best.

Montpelier Hospital
STAND-ASSIST
A Way to Improve Patient Outcomes and Protect Staff from Injury

Physical Medicine & Rehabilitation staff often see the potential risk of injury to ourselves, nursing staff, and patients during transfers and other tasks. Back and overuse injury are one of the most common reasons for direct patient care professionals, such as ourselves, to leave the Rehab or Acute Care setting; therefore, we try to protect ourselves as much as able. On the other hand, if we do not get patients up and moving they are more susceptible to secondary diagnoses during their hospital stay, such as pneumonia, bed sores, bowel obstruction, etc.

One of our methods for improving safety for patients and staff is the use of Stand Assist type patient lifts. These lifts allow the patient to be taken from a seated position to standing on a mobile platform comfortably and with minimal risk of injury or harm. Once upright the patient can be moved about the room and returned to a seated position on various other surfaces. The therapy staff evaluates the patient and determines if they are appropriate for using these lifts, then practices various types of transfers from the bed to wheelchair, bed to commode, or wheelchair to toilet. When we have determined the patient is tolerating use of the lift appropriately, we have nursing incorporate the use of the lift into their regular care with the patient. This allows the patient to be up in a wheelchair, visiting with family and friends, or enjoying meals with other patients in the dining room. They are also able to get up to a toilet or commode rather the using a dreaded bed pan. We all benefit from improved safety and reduced risk of injury with the use of the Stand Assist lifts, but the patient also benefits from improved strength, increase weight bearing through bones and joints, as well as standing up and looking their caretakers in the eye, (something we probably all take for granted).

For some, this type of lift is a key component of allowing the patient to return home with caregivers to assist them in their everyday tasks. For others, these are only a stepping stone to regain their mobility. The lift is used for a brief period until they gain the strength needed to complete transfers and other tasks without much outside assistance. It is this transition phase where our department makes another effort to maintain patient and staff safety.

Patients that are transitioning away from the lifts, and those who were never using them in the first place, may still need a significant amount of assist to complete transfers such as getting out of bed, standing from the edge of the bed, using the toilet, and walking. For these patients we make every effort to have as many therapy staff available as needed to safely complete the task at hand. This might mean two therapists assisting the patient, or we may have as many as 4 or 5 on hand to provide assistance as needed. By having multiple therapists available, we are working to ensure the safest situation we can provide while striving to meet the patients goals. As the patient's ability to complete standard transfers improves, therapy staff again assesses if they are tolerating the new transfer techniques well enough for nursing to incorporate them into their daily nursing routine, allowing the patient to take one more step closer to returning home safely.

Personal Commitment & Collaboration Improve Patient Outcomes

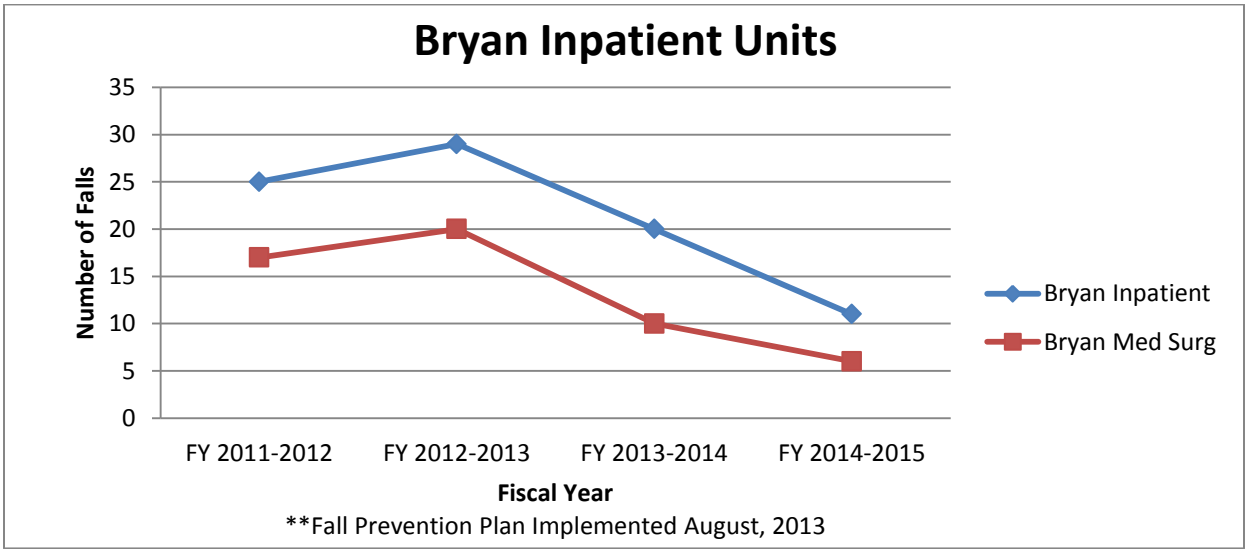
Bryan Medical / Surgical

Reducing and Preventing Patient Falls

Bryan Med Surg had a climbing number of patient falls occurring in 2013. As these patient falls were becoming a more frequent event, action needed to be taken. During the spring and summer of 2013, a Fall Prevention Taskforce was formed. This taskforce included nursing staff from the Med Surg unit, Bryan Nursing Directors, Nursing Informatics and Risk Management. All the falls from the prior year were reviewed to look for a pattern. After gathering details and pinpointing the common trends to falls, the taskforce began to set a Fall Prevention Plan in motion. The documentation was adjusted, reminders about the patient fall score were sent to the nurses work list, education about falls was given to the staff, bed alarms and patient sitters was increased, yellow socks were used appropriately and the yellow fall magnets were added to the door frames of high fall risk patients to raise awareness for fall risk patients. This Fall Prevention Plan went into effect on August 7, 2013.

By raising staff awareness to patient falls, along with the added details in the fall prevention plan, the Bryan Inpatient Units soon began to see the fall numbers decline. Fall free months on the units were praised during this time, and higher fall months included more staff education or awareness. While patient falls were declining, Med Surg did have a tough month in November 2014, topping the month with 5 patient falls. At this time plans really went into action through emergency charge nurse meetings and staff education.

By stressing the importance of a fall free environment to prevent patient harm, awareness was again raised. The charge nurses and staff are now even more on alert for patients that may be a fall risk and improving interventions through more patient sitters being used, patients are frequently being moved closer to the nurses station, bed alarms being used more frequently and all patients are being educated that they must call for help. Through hard work and staff dedication to the Fall Prevention Plan, Med Surg only had one fall in 10months. That means we had 9 months in the 2014-2015 year that were fall free!! This Fall Prevention Plan improved patient safety by reducing the potential for harm.



Our efforts to improve safety and reduce the potential for harm (for patients and/or for staff).

Management Information Systems (MIS)

The MIS department is leading an effort to respond to the Joint Commission's Sentinel Event Alert 54 on the safe use of Electronic Health Records and information technology (IT) overall in the healthcare environment. The Office of the National Coordinator for Information Technology has provided guides that our Corporate Tech sub-committee; made up of clinical, nonclinical and IT leadership are working through to identify any areas of concern. The effort is utilizing the "Safer" guides that provide a standardized approach to review the foundational, infrastructure and clinical processes used in IT at CHWC. The goal is to make the EMR used at CHWC to be as safe as possible for all patients we serve.

Radiation Oncology Center

In addition to continued compliance with American College of Radiology standards we have recently become members of Radiation Oncology Incident Learning System (RO-ILS). This quality improvement activity will allow staff at the Radiation Oncology Center to facilitate safer and higher quality of care through shared learning across all radiation oncology institutions. This system provides the ability to track and analyze internal incidents while contributing to the national database. Newsletters and data will be produced to educate staff on how to prevent incidents and lessons learned from RO-ILS.

Intensive Care & Telemetry

Our 2015 Process Improvement for the ICU and Telemetry units was based on the safety of patients at risk for life threatening dysrhythmias. A team was formed with the goal of routinely and accurately measuring corrected QT (QTc) intervals and taking appropriate actions to avoid complications. A prolonged QTc interval puts patients at a higher risk for a rhythm called Torsades de Pointes.

It was determined that a new procedure would be developed, outlining specific standards for analyzing rhythm strips and criteria to trigger routine QTc measurements. MIS helped in the development and placement of a "QTc calculator" on CHWC.Net. Extensive education and competencies were completed with all of the ICU/Telemetry nurses and care plans were developed to facilitate Licensed Practitioner notification. Timely notification results in necessary medication adjustments.

Since the initiation of this process we have made several medication changes that we otherwise would not have known were indicated. This change in practice has potentially saved patients from syncope and seizures. Most importantly this has made patients less likely to experience the rare event of sudden cardiac death both in the hospital and following discharge.

Department of Compliance & Risk

Patient tracers have been implemented in many of the departments of the hospital. The tracer activity ensures that CHWC policies and procedures are being followed and that we are also following Joint Commission standards and CMS Conditions of Participation.

Extensive HIPAA audits are conducted monthly and for-cause. The audits are completed to ensure that CHWC records are secure and there has been no inappropriate access to the records.

The goal for our department is to promote being a proactive organization instead of a reactive one. We want to use information from the 'near miss' or 'good catch' reports to improve processes or work flow to promote accurate and thorough work.

Cardiopulmonary Rehabilitation Department

Our main effort to improve safety for patients and staff was focused around infection control. Efforts to keep exercise equipment clean were increased. Equipment was wiped down as needed in between patients and cleaned thoroughly at the end of the day. A combination of Virex wipes, alcohol wipes and bleach wipes were used where appropriate. All staff took part in keeping the equipment clean. With increased patient usage, it was noted that the bathrooms needed cleaning more often than at the end of the day. Our secretarial/aid staff consulted with Environmental Services and it was decided that the bathrooms would be cleaned additionally over the noon hour.

Archbold Physical Medicine & Rehabilitation

Over the past several years we have had several incidents of patient/staff slipping and falling when they enter the Archbold facility from the northwest doors. This issue presents itself when it is raining or snowing outside and people enter the long, waxed floor hallway with wet shoes. The first several steps can be very hazardous. As a department close to this entrance, we were concerned and brought this to the attention of Maintenance and Dan Shuck. After this discussion, a long carpeted runner was placed on the floor at the entrance to the hallway. This provides a longer slip-free surface and allows shoes to dry more completely prior to stepping onto the waxed floor.

Obstetrics & Pediatrics Department

Safe Sleep

We continue with our efforts to provide Safe Sleep education and to model Safe Sleep behavior in the New Beginnings Birthing Center. Safe Sleep education begins prenatally when patients meet with the OB Navigator. They are given Safe Sleep educational materials. When the patient comes in to deliver, dads are provided with a snack bag to use during labor. The bag has our hospital logo and the ABC's of Safe Sleep printed on it. It contains Safe Sleep brochures for the father to look at during labor.

The mother receives more Safe Sleep education after delivery and at the time of discharge. Throughout the hospital stay, the OB nurses model Safe Sleep. We dress the newborns in a swaddler, remove all blankets and toys from the crib, and keep the infants on their backs. Parents are also not allowed to put anything (blankets, afghans, stuffed animals, pillows, etc.) in the crib with the newborn. Mothers are instructed not to sleep with their infants in their arms. If they are feeling tired they need to place the baby in the crib. Staff continue to educate the parents and family throughout the hospital stay.

Before discharge, we make sure the infant has a safe place to sleep at home. He/she must have their own space. They cannot share a crib or a bed with a parent or sibling. To help remind parents of the importance of placing the infant on their back to sleep, they are provided with a onesie that says "This Side Up" to take home. They are also provided with a swaddler from the hospital auxiliary. It is our goal to never have one of our babies die as a result of unsafe sleep practices at home.

Infant Security

We are required by the Ohio Department of Health to have infant security drills on each shift at least once every six months. These drills are conducted internally in the OB Department. The OB staff is tested on their response to the HUGS strobes and alarms. Staff is very cognizant of the strobes and are trained to quickly address any issues so that the situation does not escalate to a full alarm. During a fire drill the OB staff has the extra responsibility of monitoring all exits from the OB Department just in case the alarm is a distraction in an attempt to take a baby.

Cardiopulmonary Respiratory Care

We are in the process of relocating the first floor blood gas analyzer closer to the ED. This will allow staff easier access to the patient ID sticker printed from the lab system which must be placed on the blood gas syringe in the presence of the patient. We are also in the process of evaluating new blood gas syringes. The new syringes have a better safety device for the needle and has a filter cap for blood clots and air. The filter cap is not removed from the syringe which prevents blood exposure to staff.

Radiology / Imaging

CHWC Imaging continues to work with Fort Wayne Radiology to implement safety measures for patients receiving contrast injection – investigating patient's renal risk and initiating hydration protocols as needed. We also have installed a Code Alert System in several of the Bryan Imaging procedures rooms to enhance patient safety.

Our Aspirations
Our personal and departmental goals to improve

Management Information Systems (MIS)

The MIS department is trying hard to improve our responsiveness and communication with users departments. A ticket system was implemented in 2015 that has allowed progress to be made in that realm and a project system will soon come online to help track all the ongoing CHWC projects. We hope that the tools allows us to place the correct resources at the correct time to respond to user needs. In both cases we are using "open source" software which has little or no costs which allows us to improve customer service, eliminate downtime and do so as inexpensively as possible.

> *I am not sure you could define this as an "aspiration goal", but for me personally, over this next year, my goal is to become more educated and informed about other departments and their work flow. I want to see further beyond my window of Case Management/UR and what "I" need for my department. I really appreciated the comment by (recent motivational speaker) Joe Tye to try job shadowing. It's easy to question/criticize if you haven't "walked in some else's shoes", not only in the work setting, but also in one's personal life. If I become more informed/educated about other departments, their work flow, and what questions they have as to why case management does what they do, **maybe** it will spark my understanding how we (CHWC) and my department can possibly make a task/process improved or better.*
>
> *Karen Graber*

Radiation Oncology Center(ROC)

Our main goal in 2016 will be to bring up a successful Stereotactic Body Radiation Therapy (SBRT) program. This will allow for treatment to patients who have had to go to the 'city' for this care in the past. The team at CHWC ROC is well equipped with knowledge and experience in this program.

> *A personal aspiration I have is to complete my masters degree in the next couple years. It has been a personal goal I have had for quite some time, and now is the time to make it happen.*
>
> *Kimberley Owen*

Montpelier Sleep Disorders Center

We know that many patients on discharge are in need of a transfer board to use at home. Many DME's will no longer bill insurance for the boards and that leaves the patients having to pay the entire cost out of pocket. And some DME's do not handle transfer boards at all, making the supply in our area small. Our aspiration is to take this idea to an adult church group and ask the group to adopt this need as a community service. The church group would make transfer boards and then make them available / known to hospital case workers so that patients could be given a board free of charge when they leave the hospital. Lessening their financial burden and at the same time providing a needed service.

In the Patient Accounts Department my aspiration goal is that all customers that we come in contact with, feel a sense of empathy and caring from any person they speak with in the Patient Accounts Department. Because we are the Department that is responsible for collecting payment, that is not always an easy task. I aspire to lead by example so that all members of the Patient Accounts team can continue to grow and develop the desire to display a 'caring' attitude toward each customer that we encounter.

Marcia Willibey

Bryan Intensive Care & Telemetry

Every year we strive to improve patient satisfaction. One way this is measured is through the surveys conducted with patients following discharge. Med/Surg, ICU and Telemetry have all worked together to reach these goals. In 2014 our inpatients units successfully exceeded the HCAHPS goals for patient satisfaction in the areas of Nurses' Communication with Patient/Family (95%), Nurses' Instructions/Explanations of Treatments/Tests (91%), Nurses' Promptness in Responding to Calls (97%), and Nurses' Understanding and Caring (98%). We are very proud of our staff for their effort.

For 2015 we have selected the measures of Overall Level of Safety and satisfaction with the Discharge Process. Our plan to achieve an improvement of the overall level of safety includes educating patients about our overall environment of safety and ways they can help keep themselves safe. We are also being careful to utilize the nursing fall prevention plan, provide sitters for patients who are confused/at a high risk of falling and using the medication safety features provided by the computer systems.

Our second area we have chosen to improve pertains to the Discharge Process. This process has proven to be very challenging because of the time required to safely complete a discharge. Our plan to achieve an increased level of satisfaction with the discharge process includes educating patients about medications throughout their hospital stay, continuing to obtain appropriate consults for patients during hospitalization to aid in their upcoming discharge process, use of discharge folders/checklists to assure all patient needs are met and providing current discharge information about medications, diet and disease processes. Our nurses round with providers to be aware of the upcoming discharge as soon as possible. Nursing also educates patients of the time involved to prepare accurate discharge paperwork so that each patient can have the best chance of staying healthy and not requiring a return visit to the hospital.

My aspiration goal for the Cardiopulmonary Rehabilitation Department is to remain organic and engaged in the way we deliver our service. Our service is unique in that we provide individual hands-on care for every one of our exercising patients, regardless of their medical needs. This service begins with their immediate post-hospital discharge and may extend for many years through the patient's stages of recovery and maintenance. We have been able to give to our community a healthy fitness and activity option for people with special medical needs. We have truly extended our service beyond just fulfilling medical requirements. We have been able to contribute to the overall wellness of our community.

Kathy Coolman

Radiology / Imaging

Our aspiration is to work more closely with Parkview Physician Group for breast imaging and to better utilize our CHWC Breast Cancer Navigator to coordinate timely access to breast Ultrasound and biopsy procedures. We want to blend in the talents of Fort Wayne Radiology to a Radiologist specializing in Mammography one day a week to provide specialized breast diagnostic procedures.

> *To be the most positive leader while solving complaints in the most harmonious and constructive manner, in that staff seek out my leadership and problem solving.*
>
> *Chad Tinkel*

Pharmacy Department

Preventing Harm, Reducing Risk

Waste Reduction: The hospitals hazardous waste program was upgraded to meet or exceed State and Federal mandates. This will keep medication and industrial wastes out our environment by their proper collection, disposal, and destruction.

Preventing Contamination: All staff administering injections, hospital wide, participated in the Center for Disease Control's One and Only Campaign for Injection Safety. This was an overall review in administration technique to prevent cross contamination between medications and patients.

Reducing the Risk of Error: The hospitals purchased new smart OB Epidural and Anesthesia pumps. These pumps have preprogrammed drug specific libraries which have hard and soft drug limits for each medication infusion to prevent too much or too little medication from being infused in error.

Sterile Technique: The Pharmacy Department continues to upgrade and monitor their IV compounding area and procedures to deliver the most aseptic parenteral products possible. Our air particle and bacterial counts continue to meet or exceed Federal USP 797 standards. This greatly decreases the chance of contamination/infections to the patient.

Poison Prevention Efforts: CHWC Pharmacist Amy Eriksen again rounded the area preschools and kindergartens to promote poison prevention month during March. We reached eleven schools and gave 32 presentations to 456 children.

NUTRITION FOOD SERVICES

ANNUAL REPORT

The NFS Department Staff are proud to have served a total of 212,251 meals, in the past fiscal year. The meals were served as follows:

MEALS	BRYAN	MONTPELIER	ARCHBOLD
Total Meals Served	160,752	40,008	11,491
Cafeteria Meals	122,927	23,550	11,491
Patient Meals	23,341	11,913	
Tube Feeding	93		
OB Celebration Meals	617		
Catering Meals	8,616	6	**(Archbold catering meals are included in Bryan's Count)**
Meals on Wheels	5,022	4,539	

Aspiration Goal Accomplished

Transition to Room Service Meals

Implementing a Patient Room Service Feeding System was the goal of the Nutrition Food Service Department for 2015. The new Room Service System started on June 2, 2015. Patients receive the food they order 87% of the time and most meals are delivered within 1 hour of ordering. (Some patients are too sick to use the Room Service Ordering System and have to receive House Trays. When a patient must receive House Trays, NFS staff attempt to talk to the patient or their family to offer meals they would desire.) Patients now order the food they want at the time they want it, reducing waste by 40% while maintaining a 90th percentile ranking of patients stating the food delivered to the room is excellent.