

In-school mental health services help students cope

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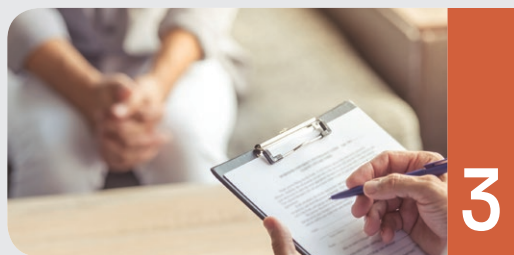
Financial assistance reduces hardship

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Straightforward strategies prevent bloodstream infections

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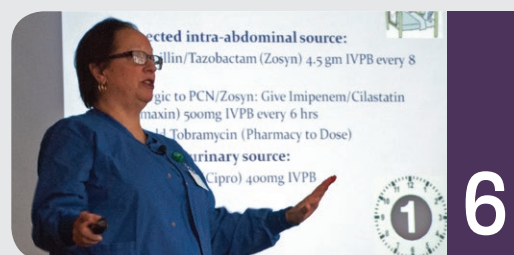
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Collaboration & teamwork reduce readmission

COVER PHOTO: Dr. Steven Bumb leads a discussion on insulin and patient care at daily staff huddle.

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New program helps prevent injury for local student athletes

Student athletes see a multitude of benefits from participating in their chosen sports, like physical development and health advantages, building character, promoting teamwork and boosting self-esteem. Risk of injury, however, is often on the minds of parents and coaches while young people take the field or court.

To help reduce that risk and prevent injury in local school sports, Parkview Physicians Group (PPG) and Community Hospitals and Wellness Centers (CHWC) recently kicked off a co-sponsored athletic training program at Stryker, Bryan and North Central school districts. Athletic trainers are health care professionals who provide preventive, emergency, clinical and rehabilitative services to players.

PROVIDING TOP-NOTCH CARE AND SERVICES

Alissa Niswonger and Shawn Glenn are the athletic trainers who work within this local program. Both are staffed by PPG, are certified by the National Athletic Training Association and are licensed in the state of Ohio. Matt Strayer, manager of physical therapy at PPG-Ohio out of Bryan, notes that while some may not require athletic training services, each team at these districts' middle and high schools have access to the athletic trainers.

"Our goal is to provide high-quality preventive care and injury assessment for student athletes," Strayer says. "It's also important for us to keep the services needed beyond the athletic trainer's expertise within the community, if possible. We have excellent physicians here in town, between PPG and CHWC."

Giving back to the community also motivated both organizations to establish this program. "Schools struggle with financial demands like any other industry," Strayer explains. "Using PPG and CHWC's resources in this way is a great way for us to contribute to our community."

In-school mental health services HELP STUDENTS COPE

Common stresses local students are dealing with include depression and anxiety, financial hurdles, drug use and addiction among peers, families and themselves, and other problematic family dynamics.

Every three years, several Williams County organizations and entities collaborate with the health department to conduct a thorough, comprehensive health assessment that helps determine the well-being of local adults and children. A lot can be learned from this assessment, but one issue arose time after time: stress. A problem without a clear solution, Community Hospitals and Wellness Centers (CHWC) and other organizations kept this issue in mind while considering options and addressing other issues identified through the assessment.

This is why, when Safe Schools/Healthy Students (SS/HS) approached CHWC about its mental health and basic needs initiative, CHWC was ready to help provide these essential services to students. SS/HS promotes and improves student access to mental health services and prevents youth violence and substance use in schools and communities. To accomplish this hefty goal, students who may need mental, physician or basic needs assistance are identified by school officials and connected with proper resources.

Actually attaining these resources, however, often meets roadblocks that cannot be overcome, so SS/HS and CHWC worked together to make mental health services available right at school, during school hours.

“It just doesn’t work for a lot of families to arrange for transportation before or after school, with everything else going on in their lives,” CHWC CEO Phil Ennen explains. “We knew that the only place and time we can consistently reach kids is at school during school hours.”

The overall goal of these services is to help kids learn to cope with stress, making their



lives and eventually their adulthoods easier on them. Common stresses local students are dealing with include depression and anxiety, financial hurdles, drug use and addiction among peers, families and themselves, and other problematic family dynamics.

Among the many details to iron out as CHWC and SS/HS partnered up, the biggest question was: is this a sustainable program?



PAULA FRY, LICENSED INDEPENDENT SOCIAL WORKER

Graduate of Edon High School

Bachelor’s degree in social work from
Bluffton University

Master’s degree in social work from
University of Cincinnati

Ten years of experience in therapeutic
foster care

Three years of experience in school-
based mental health services

FINANCIAL ASSISTANCE

REDUCES HARDSHIP

Finances should never be a barrier when loved ones find themselves in need of medically-necessary or emergency care; this is why Community Hospitals and Wellness Centers (CHWC) has established two financial assistance programs:

- » **Hospital Care Assurance Program (HCAP)** is an Ohio program which mandates hospitals to offer free care to patients living in Ohio whose annual income is at or below the federal poverty level.
- » **Financial Assistance**, established by CHWC, is available to patients with income up to three times the federal poverty level.

Additionally, CHWC offers interest-free payment arrangements and prompt pay discounts to reduce undue financial hardship.

WHO QUALIFIES FOR ASSISTANCE?

Verification of income is crucial in determining qualification for financial assistance. With proof of income information, a financial application must be completed to be considered. The discount percentages shown right are determined based on the applicant's poverty level. Cash assets (bank accounts) and outstanding expenses may also affect the final charity discount percentage.

01%–200% = **100%**
OF FEDERAL POVERTY GUIDELINES (FPG) ADJUSTMENT

201%–250% = **75%**
OF FPG ADJUSTMENT

251%–300% = **50%**
OF FPG ADJUSTMENT

Upon patient registration at CHWC, all patients are given financial aid information and an assistance application. These items can also be acquired in person at all three CHWC locations, from chwchospital.org under Patient Services and by contacting Patient Accounts at 419-630-2149 and billing@chwchospital.org.

CORE VALUES DRIVE CHARITY CARE

The core values of compassion, integrity, honesty, respect and accountability is what established and continues to guide these financial assistance programs. “We seek to honor our Statement of Core Values,” says Chad Tinkel, Chief Financial & Administrative Officer at CHWC. “It is important to us to give all patients access to the highest quality of care in the safest and most efficient manner, regardless of their ability to pay. In this way, CHWC helps strengthen the communities we serve. We are part of the fabric of northwest Ohio, caring for our own families, friends and neighbors.”

ASSISTANCE OVER THE YEARS

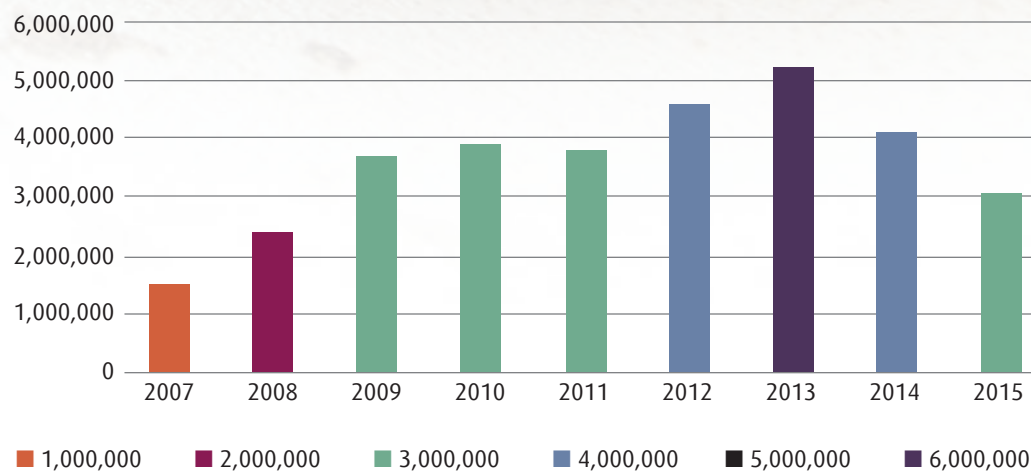
The following illustration discloses the financial aid provided to patients since 2007 at CHWC. The notable rise of patient care charity dollars from 2009 through 2013 can largely be attributed to hardship during the recession that followed the global financial crisis of 2007-2008 and the lingering effects of a minimal economic recovery.





"It is important to us to give all patients access to the highest quality of care in the safest and most efficient manner, regardless of their ability to pay."

CHWC CHARITY CARE



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Because SS/HS is based off a four-year grant, CHWC knew that if funding and manpower were to go into hiring a therapist to work in the schools, the initiative required stability. A hugely successful in-school mental health program at Greene County Educational Service Center (GCESC) in Yellow Springs, Ohio was used as a model to create the local initiative. It was also through GCESC that CHWC connected with and hired Paula Fry, a licensed independent social worker with specific training to work with children in schools.

Fry, a Williams County native who was eager to return to her native soil, currently sees students at Montpelier, Edon and Hilltop schools. As Fry's caseload builds during her work in these three districts, CHWC is assessing how prepared the involved entities are to hire another therapist to take on more students in remaining Williams County school districts.

"There are students struggling with mental health needs in Williams County who are unable to access services for a variety of reasons. This program is designed to overcome those barriers and help students access services," Fry says. "It's important for students to be in the classroom receiving as much academic instruction as they can. Hopefully with mental health services in the school they are able to increase their coping and self-regulation skills to learn to their maximum capacity."

STRAIGHTFORWARD STRATEGIES PREVENT **bloodstream infections**

Bloodstream infections happen when bacteria or other germs invade the bloodstream through an injection, procedure, wound or infection. These infections can produce a number of symptoms that range from fever to nausea to shock, and in some instances can be life-threatening. Luckily, there are simple and straightforward guidelines for health care workers to follow that greatly reduce the risk of bloodstream infections.

ZERO CENTRAL LINE INFECTIONS SINCE 2009

Central lines are catheters that are placed into a patient's large vein to give fluids or medications or to draw blood for critically ill, emergency and long-term therapy patients. Although central lines can save lives and greatly benefit patients, they can also pose risk for central line-associated bloodstream infections (CLABSI) if a pathogen is introduced to the line and enters the blood.

In 2009, Community Hospitals and Wellness Centers (CHWC) introduced guidelines recommended by the Centers for Disease Control and Prevention that have since prevented any CLABSIs from occurring.

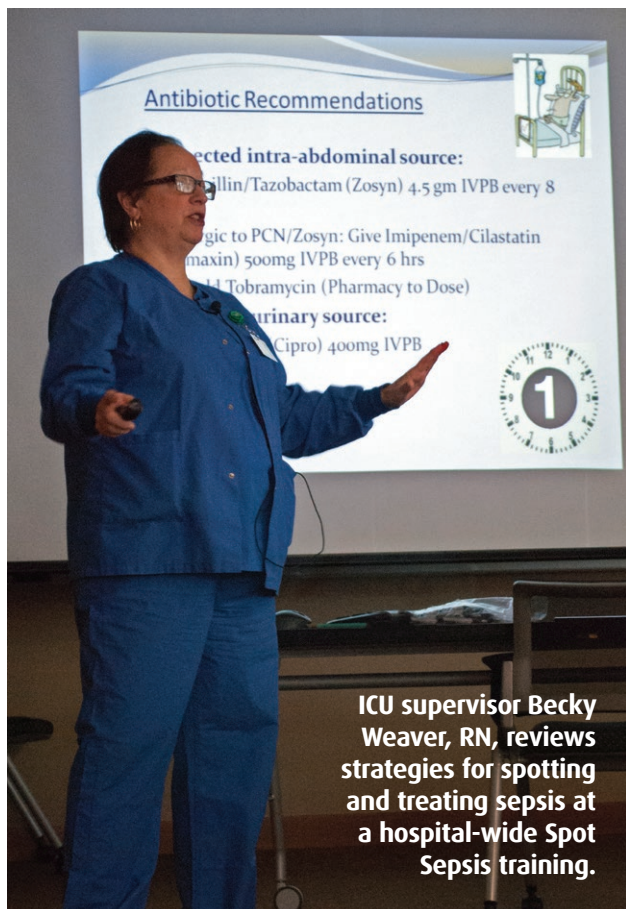
These guidelines, or “bundles” of preventative processes are largely hygiene-related and are divided into two categories: insertion and maintenance. Upon inserting a catheter, everyone involved must have clean hands and sterile gloves, caps and gowns, and the patient must be draped head-to-toe using a sterile technique. The insertion site, catheter and tools involved are sterilized as well. Once insertion is complete, the site is cleaned and sterile dressing is applied. It may be necessary to keep the catheter in for multiple days, so the maintenance bundle outlines techniques to keep the patient safe and the line clean. These techniques involve hand and equipment hygiene, dressing-change

procedures and assessing the line's need daily and removing it once it's no longer necessary.

SUCCESSFULLY SPOTTING SEPSIS

Sepsis, sometimes referred to as “blood poisoning,” is another very serious, life-threatening bloodstream infection that CHWC has tackled through awareness and implementation of processes.

Sepsis can be caused by any type of infection, but most often begins with pneumonia or urinary tract infections, or originates from an open wound, trauma or recent surgery. Symptoms include but are not limited to fever, increased heart and respiratory rates, low urine output, low blood pressure, confusion and abdominal pain. When symptoms are present along with suspected or confirmed infection, it's important to see a doctor.



ICU supervisor Becky Weaver, RN, reviews strategies for spotting and treating sepsis at a hospital-wide Spot Sepsis training.



Lab Tech Andrew Stanley studies sepsis educational materials at CHWC's Spot Sepsis training in October. The hospital-wide training was offered across multiple days to all CHWC staff and was attended by over 150 employees.

“A lot of times when people are sick, they say, ‘If I don’t feel better in a couple days I’ll go in,’ but they really need to see their doctor, start antibiotics and prevent themselves from getting sicker,” says Cathy Day, Director of Compliance & Risk at CHWC. “When someone has sepsis, they feel bad enough, uncomfortable enough, sick enough to know they should come in and see somebody.”

Over the past couple years, the Ohio Hospital Association (OHA) has developed an initiative focused on reducing sepsis deaths in Ohio by 30 percent. This rather aggressive goal is what motivated CHWC to develop the Spot Sepsis campaign, which involves education and tools to help staff identify sepsis early and treat it before it becomes severe or progresses to septic shock.

Since the OHA’s initiative, CHWC saw a decrease in sepsis mortality of 30 percent in just one year—and this was before the hospital-wide Spot Sepsis campaign even launched. Day attributes this success to awareness, and considers how much improvement is possible now that Spot Sepsis is in full swing. “Early detection and treatment are key,” she says. “We’re trained to identify sepsis, ask the right questions, get the right information from the patient, get the right labs ordered and get the ball rolling to improve a patient’s outcome.”





Nurses, therapists, case managers and many other CHWC staff members meet daily to discuss and brainstorm plans of care.

Collaboration & teamwork reduce readmission

Few people want to be admitted to the hospital, and even fewer want to be readmitted after they’ve already been treated.

Since 2013, the Centers for Medicare and Medicaid Services (CMS) has kept track of hospitals’ readmission rates as a way to reduce cost and identify effective care providers. While the initial focus was on diagnoses like heart attacks and pneumonia when considering readmission, CMS now looks at any cause for an inpatient to be readmitted within 30 days of their first hospital visit.

“Let’s say you’re in the hospital for heart failure,” theorizes Judy Mayes, heart failure navigator at Community Hospitals and Wellness Centers (CHWC), “and 28 days later you’re in a car accident—something completely unrelated to the initial diagnosis. That still counts against us because it’s within that 30-day timeframe.”

Still, CHWC fares very well in this area, measuring consistently below the regional, state and national averages and performing 28 percent better than predicted from 2013-2015 for all-cause readmission.

Mayes credits this success to communication, particularly a daily cross-departmental meeting called “huddle.” Staff who regularly attend huddle include nurses, doctors, dietitians, social workers, case

managers, respiratory therapists, physical and occupational therapists, pharmacists and more. “Huddle exists to discuss every patient in the building, what their courses of treatment are, and what will allow patients to transition to their next levels of care,” Mayes says.

Another important element to reducing readmission, she adds, is proactivity by the

patients and their families. “There are a lot of resources out there in our community like rehabilitation services, home health, transportation, counseling,” Mayes says. “Most often, the people who are using those resources and making the important changes necessary for their health are the ones we don’t see back in the hospital.”

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

Hospital:

CHWC BRYAN HOSPITAL

Category	Grade
# OF CASES AGE > 17	208
OBSERVED 30-DAY READMIT	13.46%
PREDICTED 30-DAY READMIT	18.73%
OBSERVED/PREDICTED AGE > 17	0.719