New hospitalist arrives at CHWC

Joint Commission accreditation requires all hands on deck

Healing a priority at new Orthopaedics Clinic
The field of hospital medicine — medical care for hospitalized patients — is so vast that defining the role of a hospitalist is difficult. The Society of Hospital Medicine describes a hospitalist as a practitioner who is engaged in clinical care, education, research and leadership in the field of hospital medicine. This requires a hospitalist to provide prompt, complete attention to patient needs, communicate with other physicians and health care personnel and treat an array of illnesses and injuries.

Dr. Fatmah Albaaj’s work with geriatric, palliative, OB, emergency and hospital medicine, as well as medical and patient education and public health has brought Community Hospitals and Wellness Centers (CHWC) a wealth of experience. Her friendly demeanor is also well-received by patients — this much was clear as she discussed discharge information with patient Linda Kidd, who was eager to get back home but clearly fond of Dr. Albaaj (pictured on cover).

Dr. Albaaj says her work at Bryan Hospital has been a wonderful experience. She enjoys treating a spectrum of illnesses and delivering really personalized care. In the months since joining the CHWC family, Dr. Albaaj has spent her time getting to know the community and notes how kind everyone has been.

Beginning her education at Wayne State University in Detroit, Dr. Albaaj then earned her medical degree from the Medical University of the Americas in Charlestown, Nevis, in the West Indies. She has since served as a resident physician in family medicine and a geriatric fellow at Columbus Regional Medical Center in Columbus, Georgia. Hand-in-hand with her work at CHWC, Dr. Albaaj serves as a geriatric fellow at Beaumont Hospital in Royal Oaks, Michigan.

To learn more about the role of hospitalists at CHWC, visit chwchospital.org/hospitalist.
Cathy Day, Director of Compliance and Risk at Community Hospitals and Wellness Centers (CHWC) considers The Joint Commission to be the gold standard when seeking accreditation.

“This isn’t something you can look at one time and get ready for a couple of weeks prior to the survey,” Day explains. Surveys take place every three years, are unannounced and last about two to four days. Joint Commission surveyors look at everything, from cleanliness to ventilation to what’s happening at the patient bedside.

GOING FOR THE GOLD

To become accredited by The Joint Commission, health care facilities must achieve high standards for quality and safety measures. The importance of accreditation is about much more than bragging rights; in fact, in order to bill Medicare and Medicaid, accreditation is a requirement. “If you don’t pass your survey, you’re looking at a question of whether or not your hospital can keep its doors open,” Day says.

When Joint Commission surveyors last visited CHWC’s facilities in April 2016, Bryan Hospital and Archbold Medical Center saw no direct violations. “It’s unheard of,” Day says, beaming. Montpelier Hospital had just one minor direct violation involving storage of supplies. “There were supplies stored in drawers that were not covered to keep dust away. It was nothing that required sterilization but Joint Commission is very strict when it comes to cleanliness,” she explains, adding that accreditation with just one direct violation is held in extremely high regard.

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**Meet the Archbold PT team**

Physical therapists help patients reduce pain, restore functional activity and ultimately achieve greater independence. Meet our physical therapy (PT) team at Archbold Medical Center — where therapy methods range from the common to the remarkable.

**TANYA FLEISCHMANN, PHYSICAL THERAPY ASSISTANT**

Tanya Fleischmann was in her 10th year of waitressing when she decided to go back to school and become a PT assistant. Then a mother of two young children, Fleischmann graduated from Owens State Community College in Toledo in 2000, and joined the PT staff at Archbold Medical Center in 2003.

“I wanted a physical job, didn’t want to be at a desk all day,” she says. “Physical therapy was a good fit.”

Fleischmann notes that her main job as a PT assistant is to treat patients with the plans of care the physical therapists put together, for anything from back pain to joint replacements to regaining motion and decreasing pain.

“You really get to know your patients when you work in physical therapy,” Fleischmann says with a smile.

**CHRISTY SMITH, PHYSICAL THERAPIST**

Physical therapist Christy Smith’s goal is to help patients get back to what’s important to them. Smith began her career in 1995 as a PT assistant, before earning her bachelor’s degree in physical therapy from University of Findlay in 2000.

One unique method of therapy Smith offers at Archbold Medical Center is dry needling. This involves inserting a fine needle into the skin and underlying tissue without injection to reduce tension and normalize inflammation to manage neuromuscular pain and movement impairments.

“Dry needling can be very beneficial in helping people who have TMJ disorder, headaches, sprains, strains, back or neck pain, all kinds of diagnoses,” Smith says. She adds that each patient is different, and treatment is adapted to a patient’s diagnosis, symptoms and response to treatment: “In the right circumstances, dry needling can be a really effective part of the PT plan.”

**STAN ROTH, PHYSICAL THERAPIST**

Stan Roth is Archbold Medical Center’s director of rehabilitation services, which involves occupational, speech and physical therapy. A 1988 Ohio State University alumnus, Roth began his career with CHWC 11 years later, and has been stationed at Archbold Medical Center since.

“I’ve always been involved in sports and grew up interested in the sciences and medicine, plus I like working with people. I thought PT was an interesting connection of all those things,” Roth explains. “With most patients, we are looking to improve their ability to safely complete functional activities with the least amount of pain, and regain independence in their lives,” he adds.
Joint Commission accreditation requires all hands on deck

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VICKI CHAPPUIS, PHYSICAL THERAPY SECRETARY

A Community Hospitals and Wellness Centers (CHWC) employee since 1985, Vicki Chappuis has been managing Archbold Medical Center’s rehab services desk for about a year and a half. Between charts and scheduling, Chappuis is your first point of communication at Archbold’s therapy office.

Patient contact is what Chappuis likes most about her job. “Most patients come in two or three times a week so you get to know people, watch them get better, see the progression of healing,” she says.

PREPARATION, 24/7

Understanding the ins and outs of Joint Commission is a big job, and it’s one that cannot be accomplished alone. Although Day is the go-to person when it comes to anything accreditation-related, a CHWC committee of 24 department directors, clinical staff and other employees meets monthly to identify what’s happening with Joint Commission and what standards could be improved. Committee members then work to implement better standards throughout the organization and ensure that staff are following these processes every day.

Additionally, Day puts nurses to the test about once a month as she drops in and asks them specific information about patient care, similar in manner to how Joint Commission surveys operate. While this may be nerve-wracking for some staff, it ultimately puts them much more at ease when surveyors are in the building, as they’re prepared to answer questions and already know what is expected of them.

“To pass a Joint Commission survey and do as well as we did is a total team effort. It’s not one person or a small group of individuals, but it’s the people out there doing their everyday jobs,” Day says. “We’ve got people at all levels looking at how to do things the right way and not settle for second-best.”

JOINT COMMISSION PROVIDES RESOURCES

It probably seems intimidating to undergo days of scrutiny after years of preparation, but Day says she looks forward to Joint Commission surveys.

The process is much less stressful because Joint Commission provides information and resources that set up hospitals for success. “I get email alerts about anything new that’s happening, and many times if they’re looking at implementing new standards, they will send a preview out to accredited hospitals and ask for comments. This really makes a difference to help shape policies as they’re formed,” Day notes.

Joint Commission also offers conferences, webinars and other methods of responsive, helpful support. “I’ve enjoyed our last three surveys, and if they were to stop by right now, I wouldn’t be stressed. We are always prepared,” Day says. “Joint Commission is so helpful, and their consultative comments during surveys really become a great to-do list to work on over the next three years. Even if you’re meeting standards and doing a great job on every level, there will always be room for improvement.”

We’ve got people at all levels looking at how to do things the right way and not settle for second-best.
n October 2016, Bryan Hospital welcomed Dr. Satheesh Ramineni to a new clinic, open to adult and pediatric patients with any musculoskeletal issues that include bone and joint, tendon, muscle and soft tissue problems.

Dr. Ramineni — or as his colleagues and patients call him, Dr. Ram — describes orthopaedics as a complex, technical and very challenging field. “Orthopaedics is like solving a mathematical problem,” he says with a grin. “Everything is interconnected, it’s a puzzle that takes a lot of focus, preparation and planning.”

One challenge Dr. Ram enjoys most about orthopaedics is that each patient responds differently, so no one plan of care will be the same from person to person — even if there are similarities in diagnoses. “Say, for example, you break your forearm. Well, where it’s broken isn’t going to be in the same spot as the next person, or fixing it will be different, or the healing process will be different from one patient to the next. That has always intrigued me,” he says.

Additionally, surgery isn’t necessarily the go-to treatment method at the clinic. While patients who come in with fractures or tendon ruptures may need surgery right away, many of Dr. Ram’s patients go through several months of nonoperative treatment, such as physical therapy, braces, injections and other modifications, before discussing surgery. Dr. Ram adds that a big part of the process includes rehabilitation after surgery to help patients get back to their previous function level.

**Healing a priority at new ORTHOPAEDICS CLINIC**

Patient Michael Davis and Dr. Satheesh Ramineni discuss possible plans of care.

**THE ORTHOPAEDICS CLINIC AT BRYAN HOSPITAL**
is open weekdays from 8 a.m.–4 p.m., and can be reached at **(419) 633-0746**. Learn more at chwchospital.org/medical-services/orthopaedics.

**ABOUT DR. RAM**
> Satheesh Ramineni, MD
> Commonly called “Dr. Ram”
> Specializes in orthopaedic surgery
> Fellowship trained in joint replacement surgery, orthopaedic foot and ankle surgery, orthopaedic trauma surgery
> Sees both adult and pediatric patients
> No referral needed
> Accepts most insurance plans

**SERVICES OFFERED AT THE ORTHOPAEDICS CLINIC AT BRYAN HOSPITAL**
> Primary and complex joint replacement, including knee, hip, shoulder and ankle
> Orthopaedic trauma surgery
> Fracture fixation and trauma surgery
> Arthroscopic surgery for general and sports-related injuries
> Orthopaedic surgery for foot, ankle, hand and elbow
Balancing disorders and dizziness: PHYSICAL THERAPY CAN HELP

Feeling a little off balance? This is a frequent complaint that accounts for many doctor visits annually. “Most of us take our balance for granted, but good balance is complex and comes from correct sensory information, proper use of that information and the right response by the muscles,” explains Missy Krueger, physical therapist at Montpelier Hospital.

Sensory information comes from three systems: vision, the somatosensory system that helps your brain understand how your body is positioned and balance organs in your inner ear. Any one or all of these systems can be damaged by disease, injury, effects of aging or medication. The result may be feelings of dizziness, vertigo (sensation of spinning or movement) and/or imbalance.

UNIQUE SERVICES
“Montpelier Hospital’s Physical Therapy Department has three physical therapists certified to treat balance disorders — Jeannine Walker, Tracey Kennedy and Missy Krueger — who have taken advanced, specialized training. Their education allows for high-quality care of people who have balance problems,” says Matt Stuckey, director of rehab services at Montpelier Hospital, adding that the program is now in its 15th year.

Community Hospitals and Wellness Centers (CHWC) has also invested in advanced computerized equipment to assess how individuals use the information sent to the brain to achieve balance and which systems could be impaired. “With that knowledge, we design individualized treatment programs specific to each patient’s needs,” explains Walker.

Some patients report that they always feel off balance, and others experience brief periods of a severe spinning sensation when they look up or roll over in bed. Kennedy explains that this condition most often occurs when microscopic crystals in the inner ear become displaced, triggering abnormal eye movement and a false sense of spinning. To observe and record eye movement and help determine appropriate vertigo treatments, therapists use Frenzel goggles, pictured top right.

PERSONALIZED CARE
Plans of care and treatment methods are based on a set of goals specific to each individual patient, but typically consist of a mix of education, activities and exercises that patients can then complete at home. Additionally, some patients may find relief from specific repositioning maneuvers for the crystals in the inner ear.

Thanks to the knowledge and experience of the physical therapists at Montpelier Hospital, effective treatments have helped many local residents improve their balance and mobility and eliminate or reduce symptoms of dizziness and vertigo.

TO LEARN MORE ABOUT Montpelier Hospital’s balance restoration program, visit chwchospital.org/balance or call (419) 485-6475.
Health history, insurance, medications … there are about a dozen things you need to know when you go to the doctor. Now imagine waking up in the middle of the night to an emergency situation and handling this (and more) information for a loved one. Would you be prepared?

Licensed Social Worker Lisa Blosser has spent most of her professional life helping people get their personal information in order, but it wasn’t until her father was diagnosed with colon cancer that she was able to apply what she did every day to her own life.

SHARING VALUABLE LESSONS LEARNED
Before joining the staff at Community Hospitals and Wellness Centers (CHWC) in 2011, Blosser worked in a nursing home and in financial planning, both of which taught her valuable lessons about preparing information with loved ones ahead of time.

“People just don’t talk about this stuff,” Blosser says. “Then all the sudden, mom is sick and you have to answer questions and make decisions but you don’t know where her living will is, or if she even has one, or you’re asking, ‘What’s a living will?’”

All families should have this conversation ahead of time, she advises. “Parents and their adult children should get their information organized together. Spouses should have this information readily available. You just never know when something could happen.”

Blosser says an expanding accordion file folder is an easy organization tool to keep all important information at the ready. She also emphasizes that only copies of this information should be kept in the folder, with the original documents stored in a safe, secure place.

Use this checklist to help you prepare:

- Copy of driver’s license
- Copy of Social Security card
- Copy of health insurance cards, front and back
- Copy of Medicare or Medicaid cards, front and back
- Copy of power of attorney for health care: legal document granting a trusted person to make medical and end-of-life care decisions on your behalf
- Copy of living will: legal document detailing your medical care preferences in the event that you are unable to make decisions or communicate your wishes
- Copy of DD 214 (for veterans): document issued upon military service member’s retirement, separation or discharge from active duty
- Copy of long-term care insurance information: include the company, agent and agent’s contact information
- Attorney name and contact information
- List of medications: ask your pharmacy to print your current medications list
- Names and contact information of all doctors
- Any labs ordered with results
- Medical records and health history details
- Funeral wishes and any prepaid information
- Clergy preferences
- Organ and tissue donation wishes

Parents and their adult children should get their information organized together. Spouses should have this information readily available. You just never know when something could happen.